

Name
in
Full

Clarence W. Askins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	Apr.	7	Age _____
Sex	Color or Race	Birth-place	
Male	Colored	Brighton	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	George G. Askins	Father's Birthplace	Brookville
Mother's Maiden Name	Georganna Russell	Mother's Birthplace	Mt. Zion
Name of person giving information	G. G. Askins	How related to deceased	Father

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary Opium Poisoning (Godfrey's Cordial) How long 4 days

Immediate Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

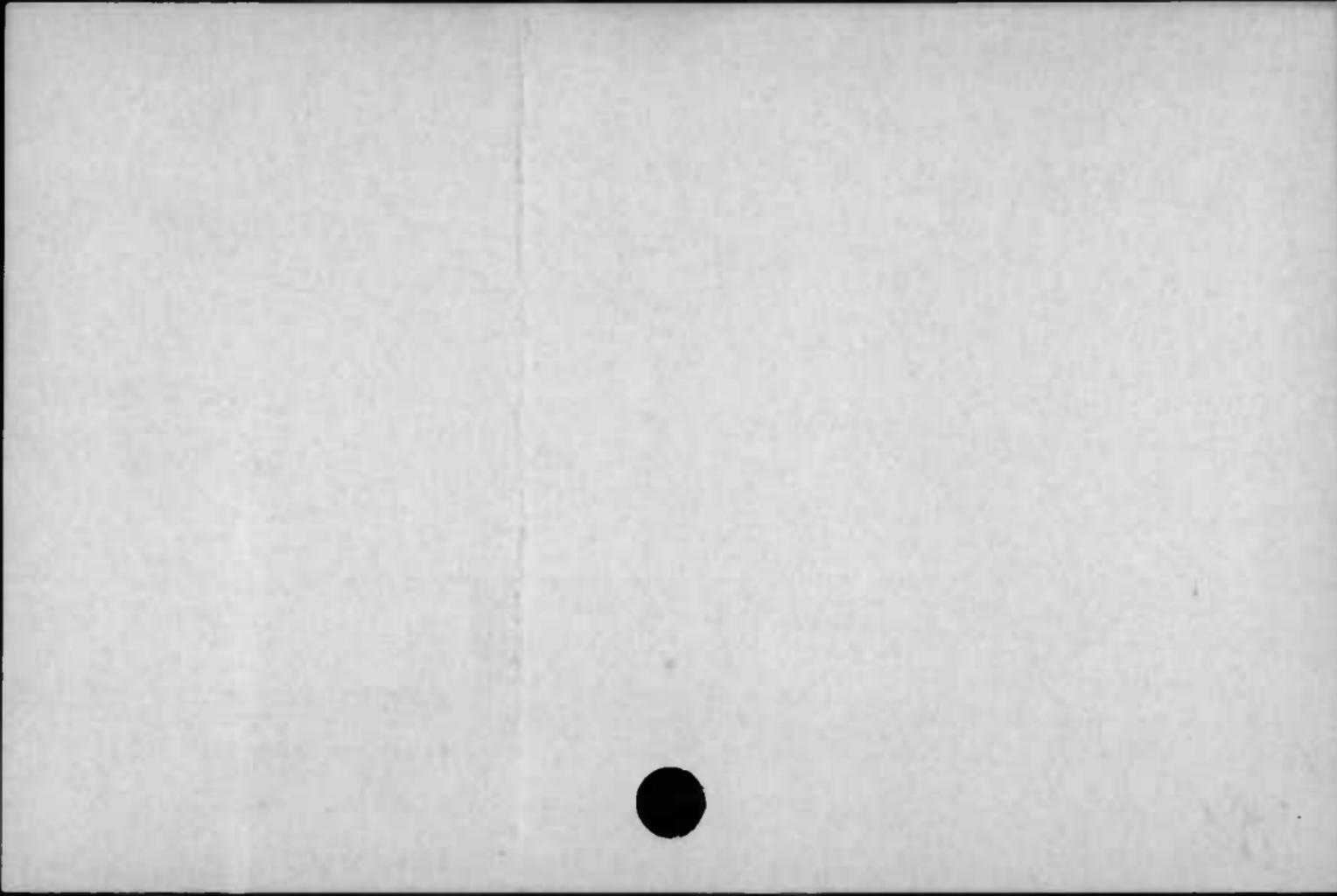
Signature of Physician

Address

Sieg Stabler
Brighton

8

Accident or Suicide?



Name
in
Full

Not named

Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month April	Day 1	Years 0	Months 0	Days 7
Sex	Male	Color or Race	Colored			
Occupation	Residing place lederville, Md.					
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	John Baker			Father's Birthplace	Md.	
Mother's Maiden Name	Viola Taylor			Mother's Birthplace	"	
Name of person giving information	"	"	How related to deceased Mother			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Arenic Poisoning

How long

3 days

Immediate

Convulsion

How long

H. T. Brown.

Are the name, age, sex, color, date and place correctly given above?

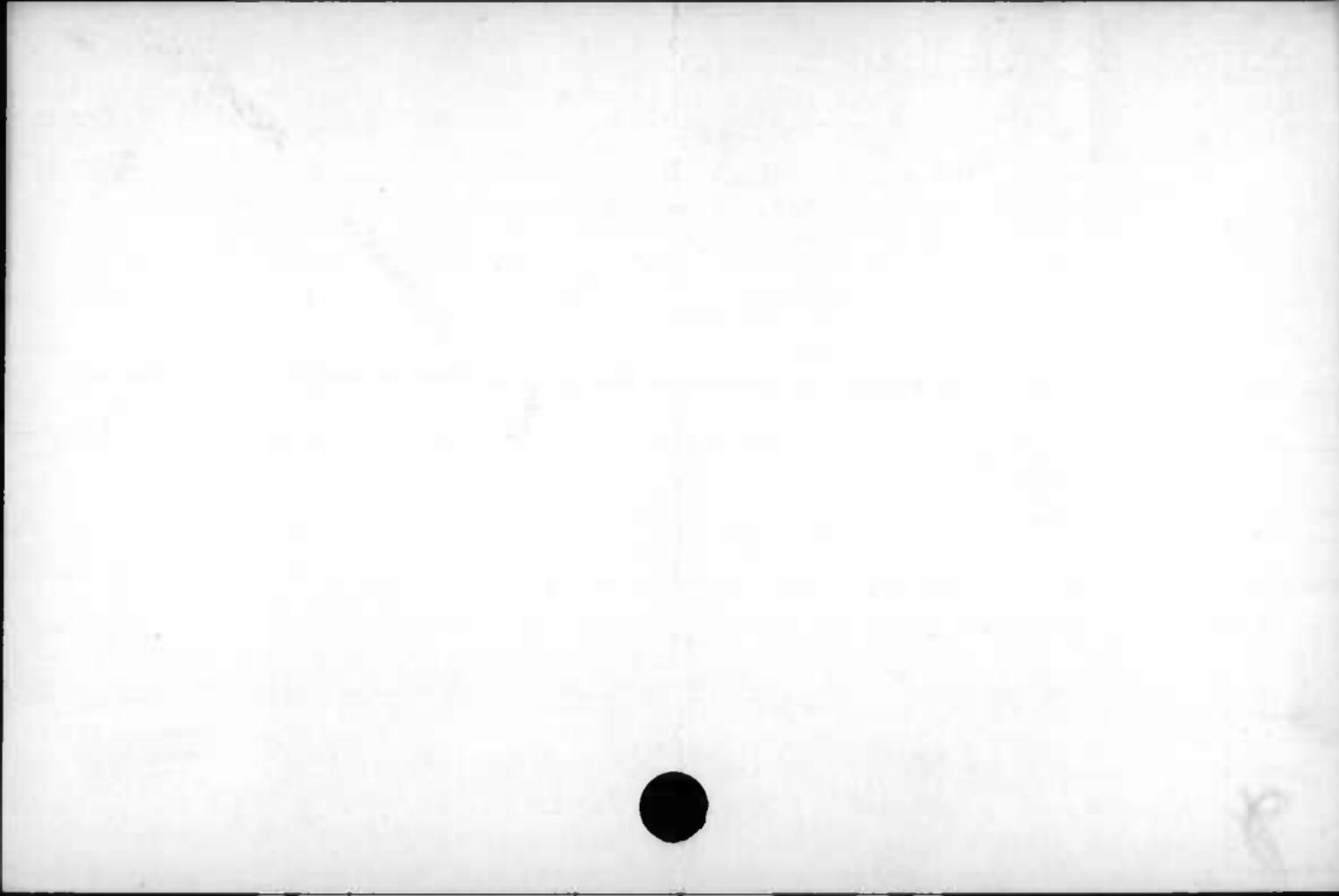
Signature of Physician

Silver Spring
Md.

Yes.

Address

Accident or Suicide?



Name
in
Full

Mary Esther Beall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	APR 26 1907	Years 23	Months	Days
Sex Female	Color or Race White	Birth-place Va.		
Occupation Dames	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband	~		
Father's Name David H. Beall	Father's Birthplace Fred Co. Md.	~		
Mother's Maiden Name Annie L. Walker	Mother's Birthplace Va.	~		
Name of person giving information David H. Beall.	How related to deceased Father	~		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Chronic Myelitis	(63)	How long Since birth
Immediate	Epileptic Convulsions		How long four days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

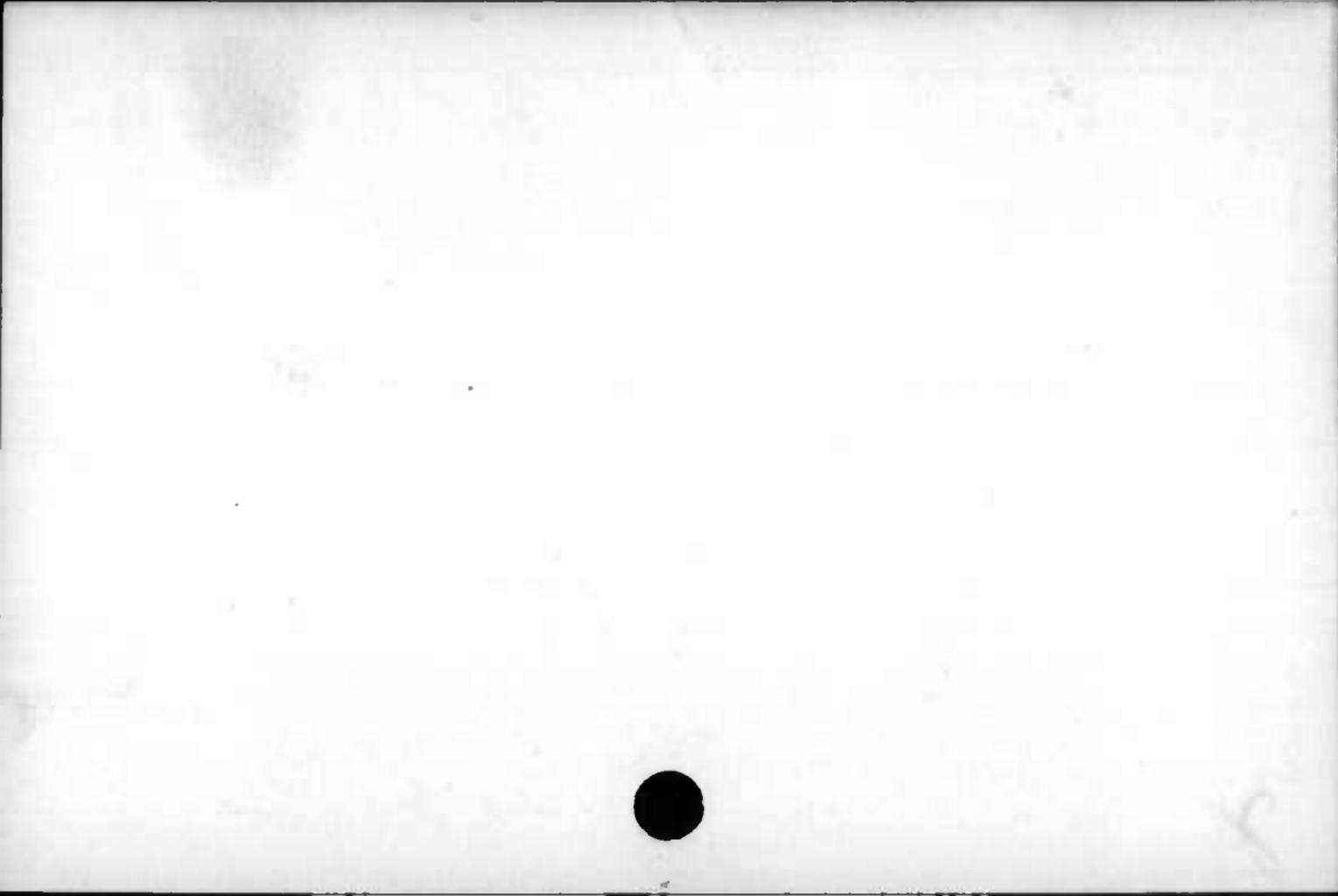
R. J. Pratt

Accident or Suicide?

Address

Potomac

Md.



Name
in
Full

Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Martinsburg</u> Town		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>12</u>	Years <u>still born</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>negro</u>	Birth-place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Great Bell</u>		Father's Birthplace <u>Martinsburg</u>			
Mother's Maiden Name <u>Lizzie Brooker</u>		Mother's Birthplace <u>Martinsburg</u>			
Name of person giving Information <u>Ellen Bell</u>		How related to deceased <u>Grand Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born

(8)

How long

How long

Immediste

Are the name, age, sex, color, date and place correctly given above?

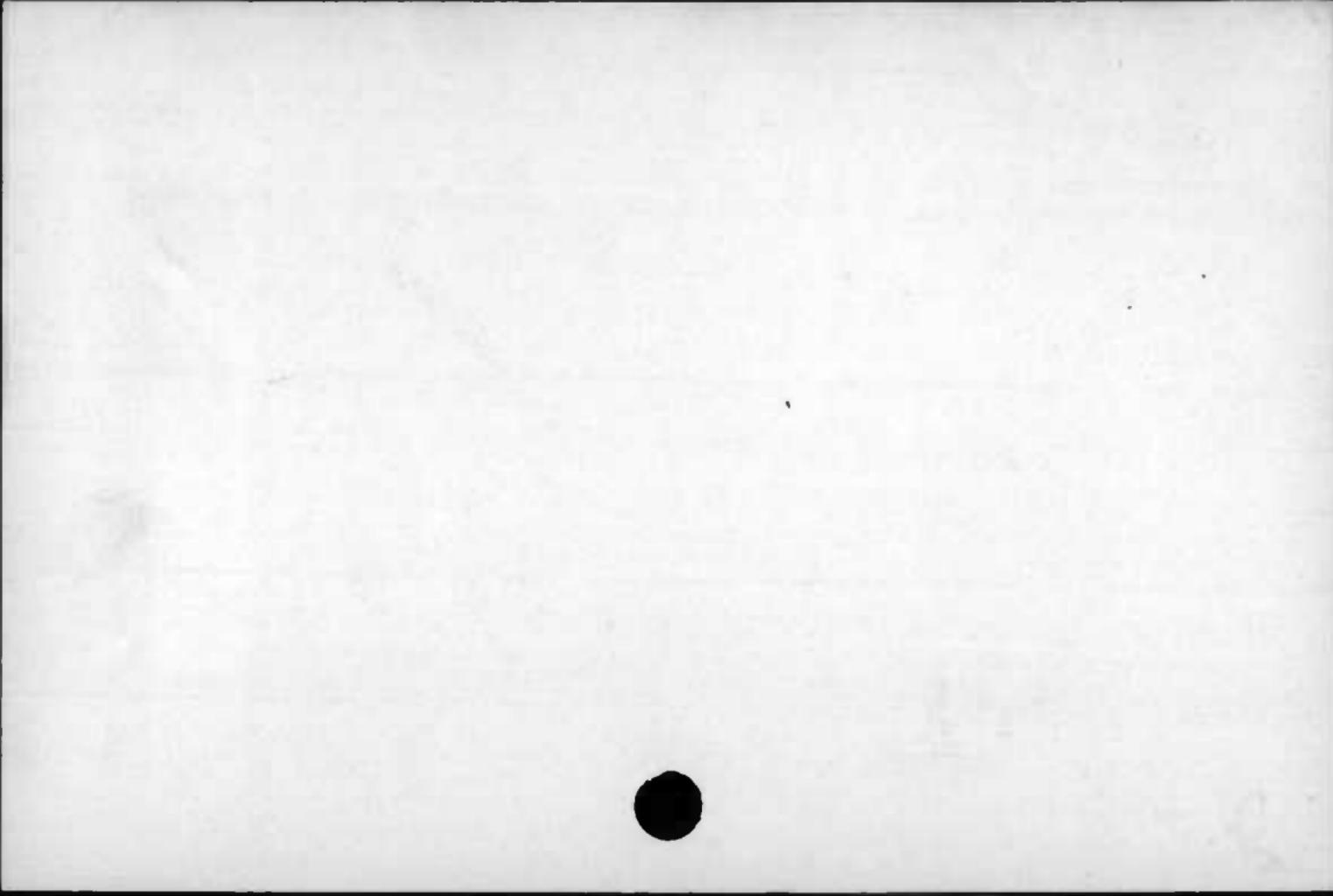
yes

Signature of Physician

R. Blatt sub neg
Poolesville Md

Address

Accident or Suicide?



Name
in
Full

Betsy Brownian

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

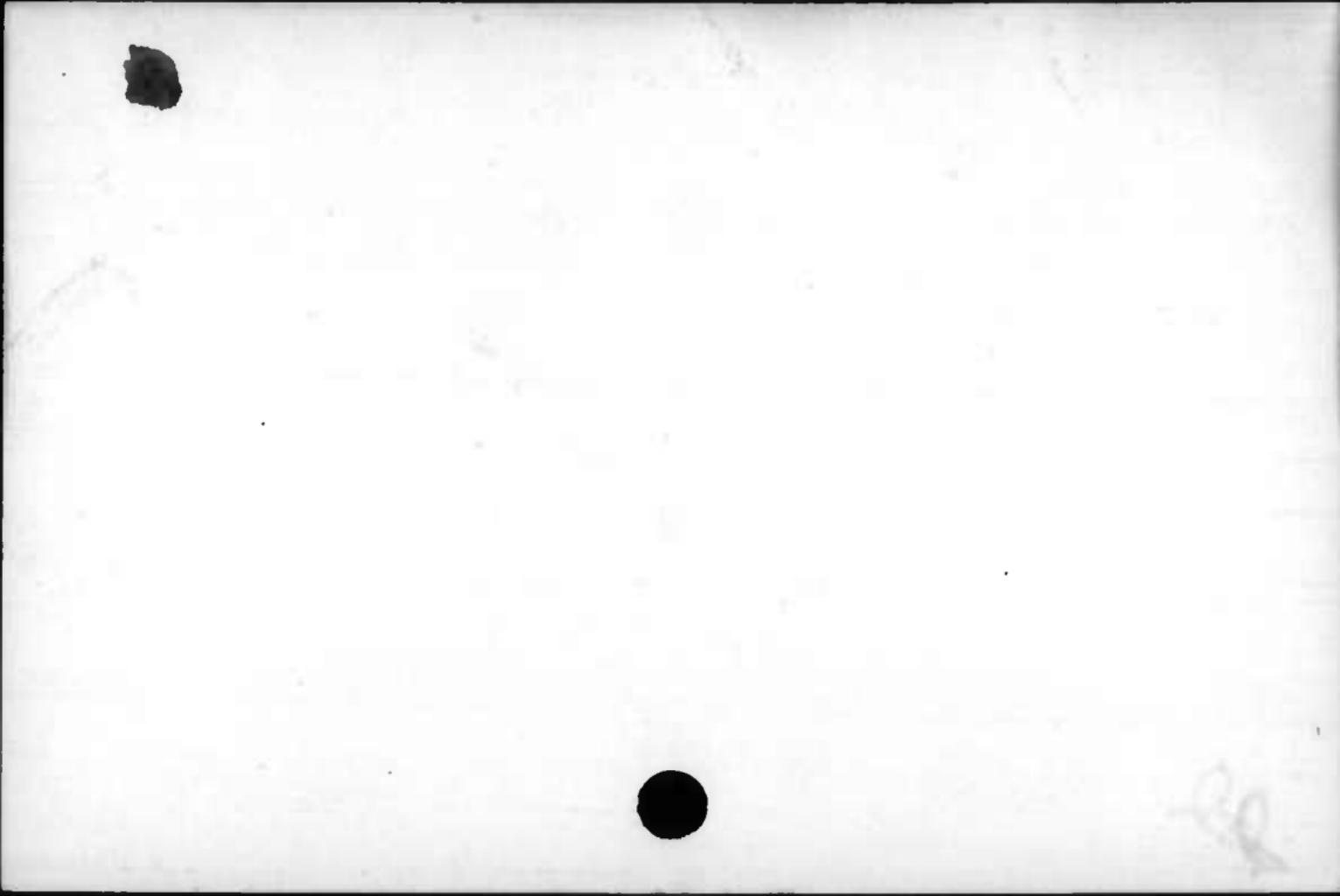
Died at	town	8 Webster	County	MONTGOMERY	MARYLAND
Date of death	190	Month	APR	Year	Days
Sex	Female	Color or Race	Black	Birth-place	Md (Chas' Co)
Occupation	Housewife (Cook)		Where Residing if not at place of death	Washington, D.C.	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Jane	Brownian	
Father's Name	Jos Jorney		Father's Birthplace	Md (Chas' Co)	
Mother's Maiden Name	Ailsy Short		Mother's Birthplace	Md (Chas' Co)	
Name of person giving information	Elie Pautaee		How related to deceased	Daughter	

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary	Pulmonary Tuberculosis	
Immediate	Pulmonary haemorrhage	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	Address	
Accident or Suicide?	N. J. Pratt Potowmac Md.	



Name
in
Full

Caroline Johnson Brent

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Black	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Unknown		
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving Information	Unknown			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		(93)	How long
Immediate	Acute dilatation of Heart			How long
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician	J. G. Sennier	
		Address	Unity	
Accident or Suicide?				



Name
in
Full

Wm Harry Brogden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Brookville
Occupation	Where Residing if not at place of death			Brookville	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Clarence Brogden			Father's Birthplace	Montgomery Co.
Mother's Maiden Name	Mary Hodge			Mother's Birthplace	Montgomery Co.
Name of person giving Information	Jas. Clarence Brogden			How related to deceased	Father

CAUSES OF DEATH

(71)

How long

One day

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. S. Green.

Address

Brookville,

Md.

Accident or Suicide?



Name
in
Full

Malinda Elizabeth Bull

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	John S. Bull.			
Father's Name	Thomas J. O'Neill				
Mother's Maiden Name	Malinda Harris				
Name of person giving Information	Fannie V. Hill				

113

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Impacted Gall-stone

Immediate Gastric - Duodenitis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

How long

Four days

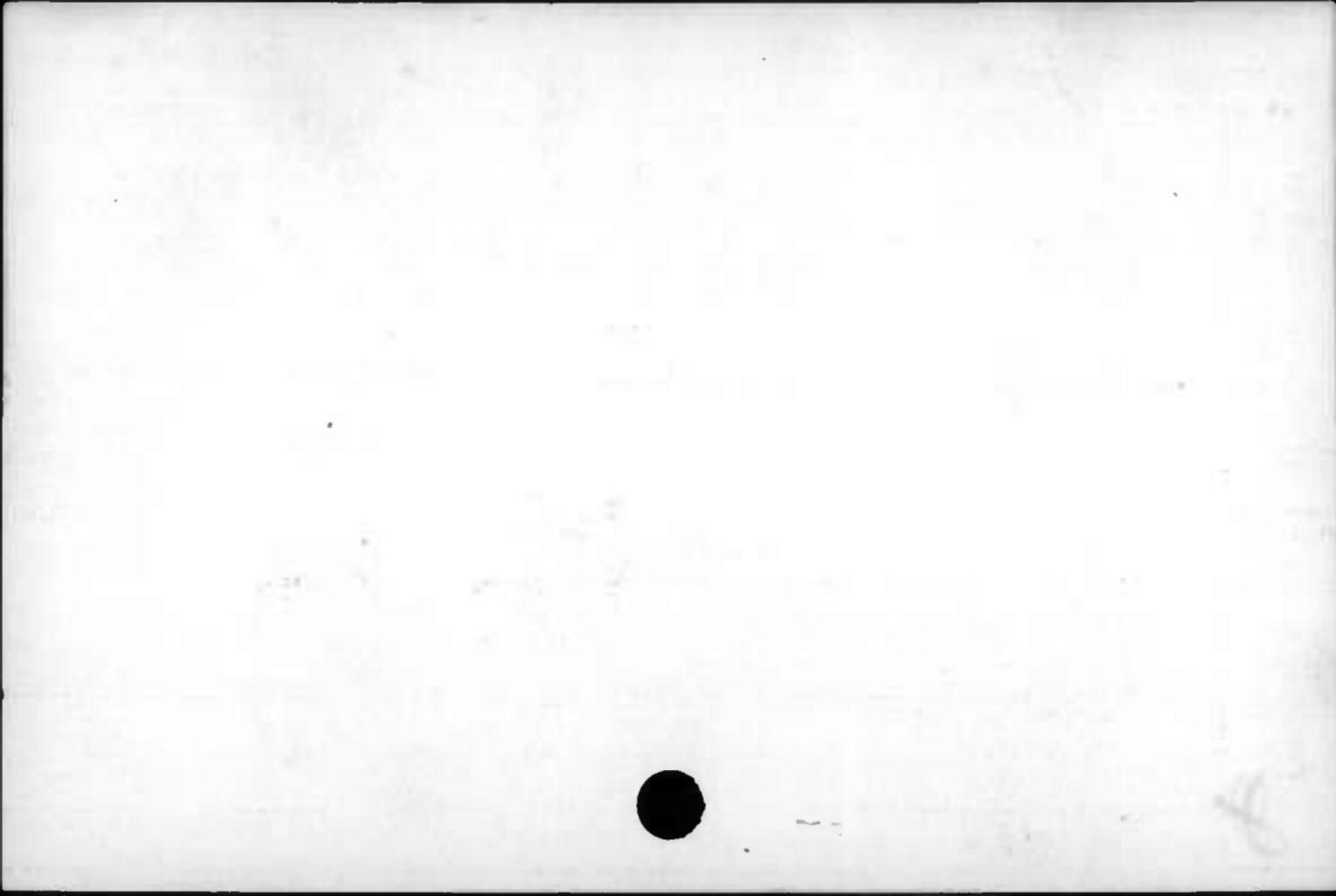
How long

Twelve days

W. J. Pratt

Potomac
Md.

Accident or Suicide?



Name
in
Full

Geo. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	4	24	80	-	-
Sex	Male	Color or Race	Colored		
Occupation	Laborer				
Married, Single or Widowed	Where Residing if not at place of death				
Married	-				
Father's Name	X				
Mother's Maiden Name	X				
Name of person giving Information	X. J. Ray				

CAUSES OF DEATH

93

Primary *Labor Drowning*

How long

5 days

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

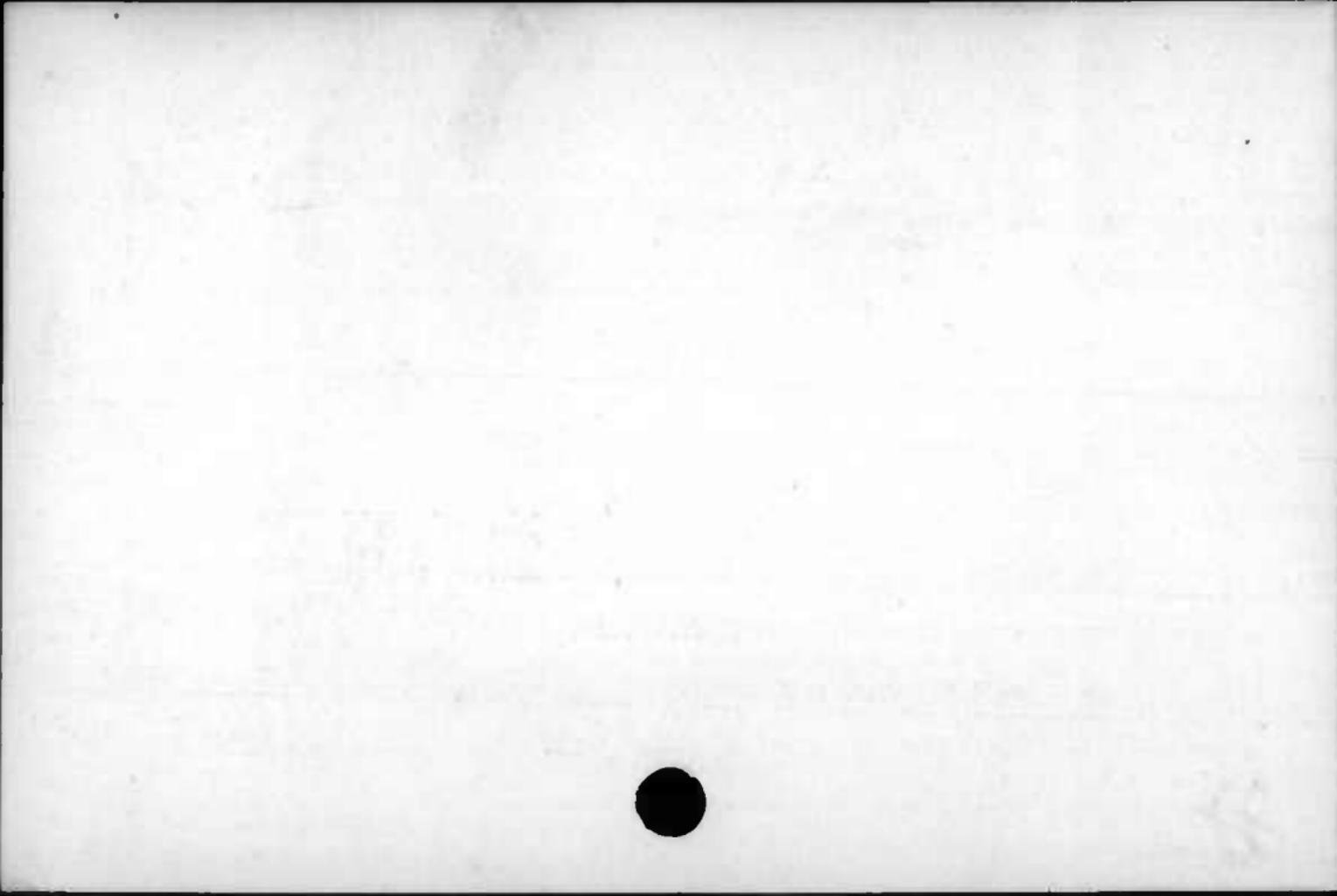
Address

O. M. S. in the and
Rockville Md

J

Accident or Suicide?

X



Name
in
Full

Eliza Ruth Carter

CERTIFICATE OF DEATH

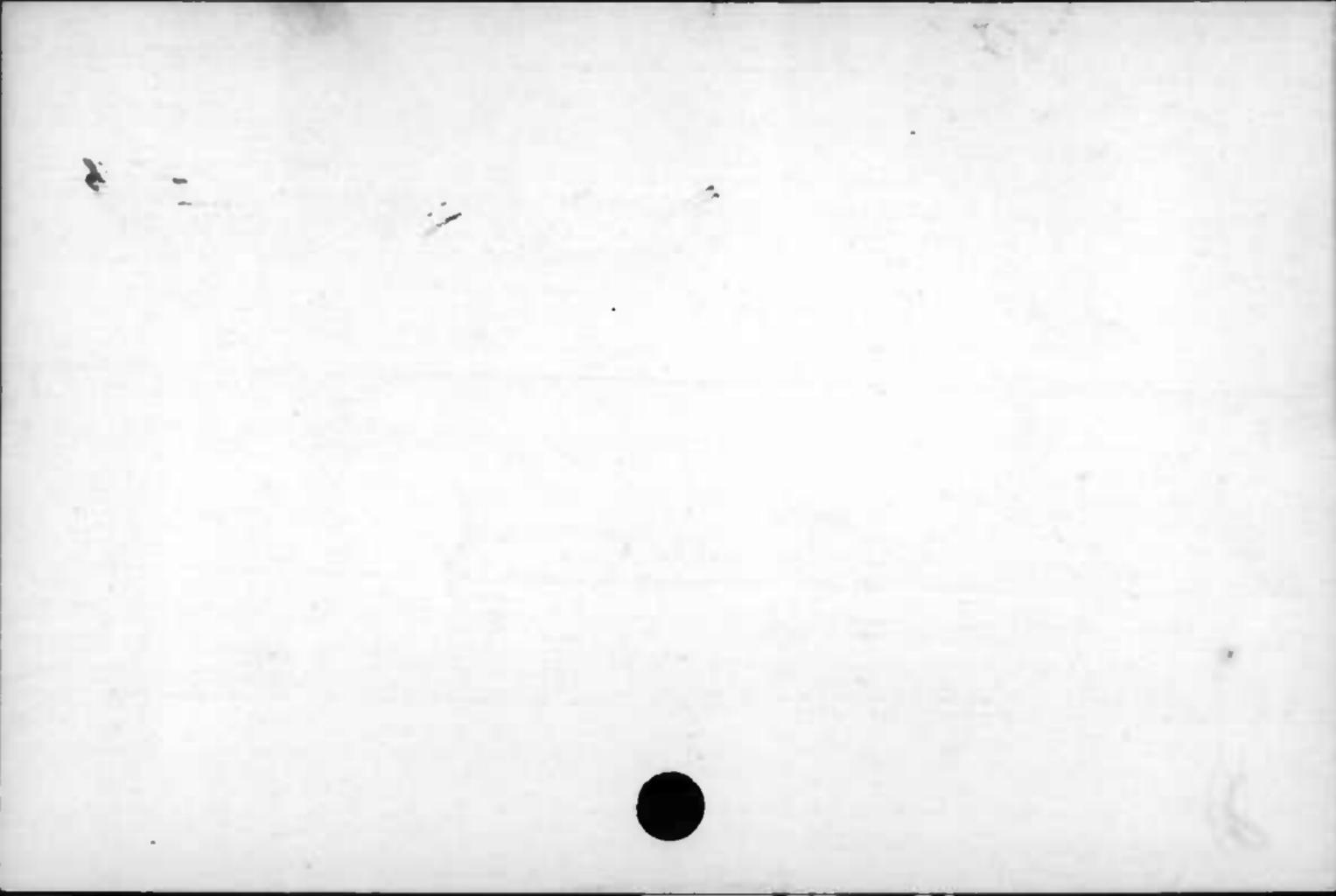
TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Bolivarville	County Brownsburg	MARYLAND	
Date of death 1907 April	Month April	Day 4	Years Age 81
Sex Female	Color or Race White	Months	Days
Occupation None.	Where Residing if not at place of death	Va	
Married, Single or Widowed	Name of Wife or Husband George P. Carter	Father's Birthplace	Va
Father's Name Ethan Ulrichback	Mother's Birthplace	Va	
Mother's Maiden Name Catharine Fenton	How related to deceased	Va	
Name of person giving Information Henry Ford	Rephered		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age	154	How long
Immediate Heart failure	9 ex	How long Sudden
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician R.P. Scott	
	Address Bolivarville Md.	
Accident or Suicide?		



Name
in
Full

Oleman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Harriet Oleman	Mother's Birthplace	Marlinsburg
Name of person giving information	Wesley Oleman	How related to deceased	grand father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Deep - cold

87

How long

2 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

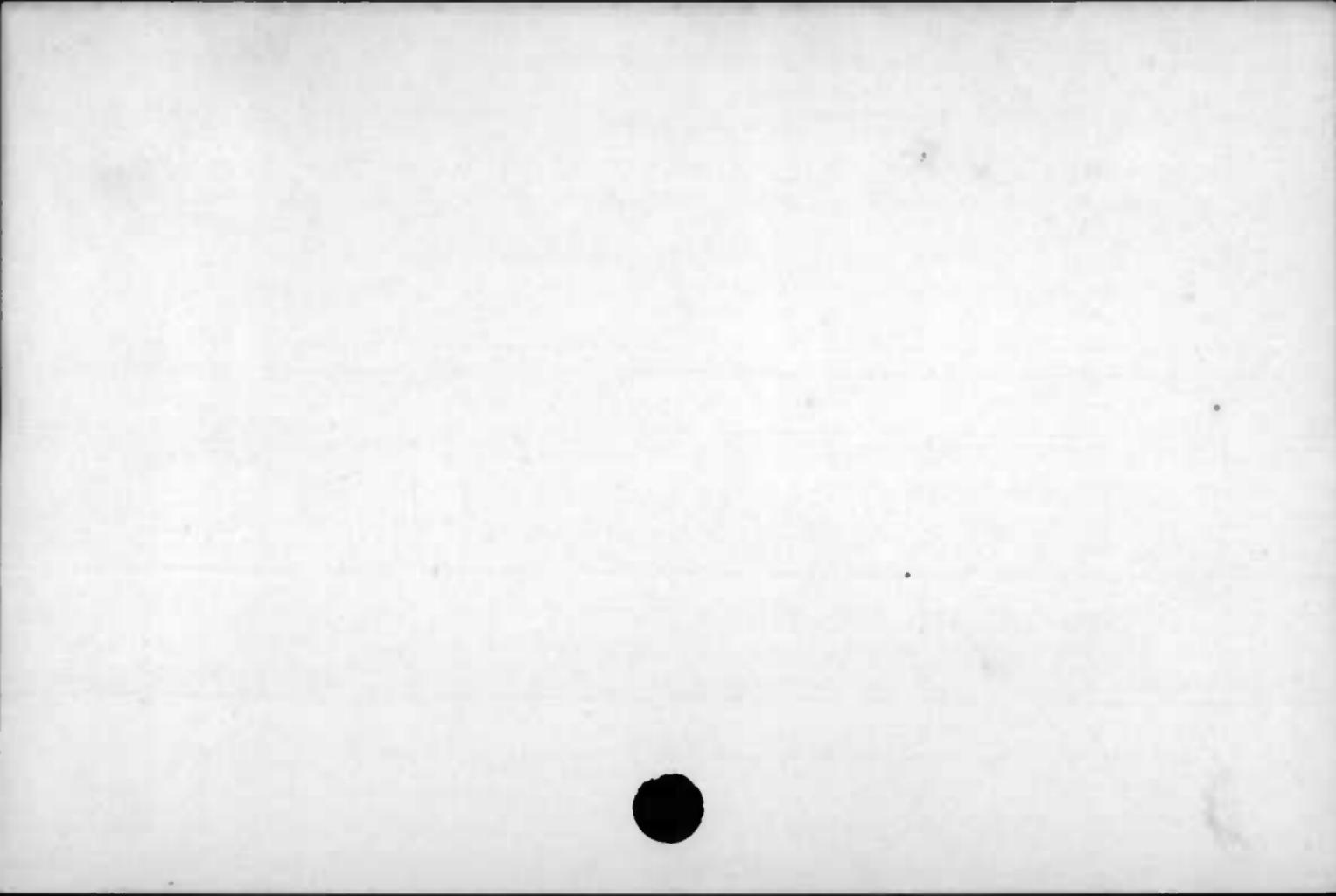
yes

Signature of Physician

Address

R. R. lot 500 sat reg
Pylesville
Md

Accident or Suicide?



Name
in
Full

Laura Corn.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Month	Day	Years	Months	Days
Date of death 1907	4	24	Age 27		
Sex Female	Color or Race	Where Residing if not at place of death			
Occupation Housewife	Frank Corn.				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Birthplace	Montgomery Co.	
John Jenkins					
Mother's Maiden Name			Mother's Birthplace	Montgomery Co.	
Name of person giving Information	Physician		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis ^{Tuberculosis pulmonum} 6 yrs. How long

Immediate tubercular meningitis 2 weeks. How long

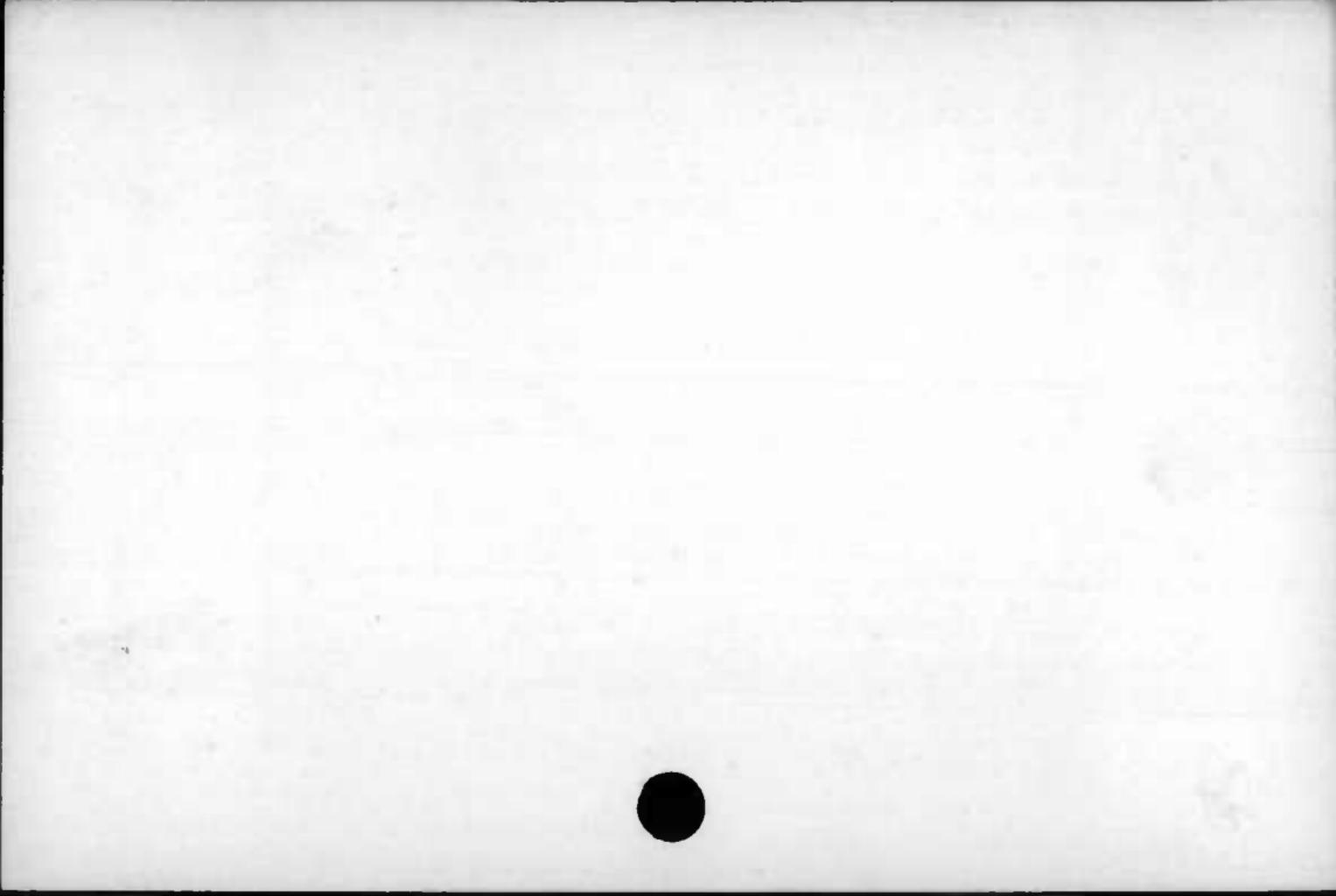
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. D. Soure M.D.
Dawsonville Md.

Accident or Suicide?



Name
in
Full

Margareta L.S. Duncan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Bethesda	Town	County	MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	79	-	-
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	✓			
Father's Name	Stephen Duncan	✓	Father's Birthplace	Dunna.		
Mother's Maiden Name	Louisa Pollard	✓	Mother's Birthplace	Maryland		
Name of person giving Information	Mrs. H.G. Hodgkins	✓	How related to deceased	Niece		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

J

Primary

Senility

Immediate

Diarrhoea with asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John L. Lewis, M.D.
Bethesda, Md.

Accident or Suicide?



Name
in
Full

L. Eagle

CERTIFICATE OF DEATH

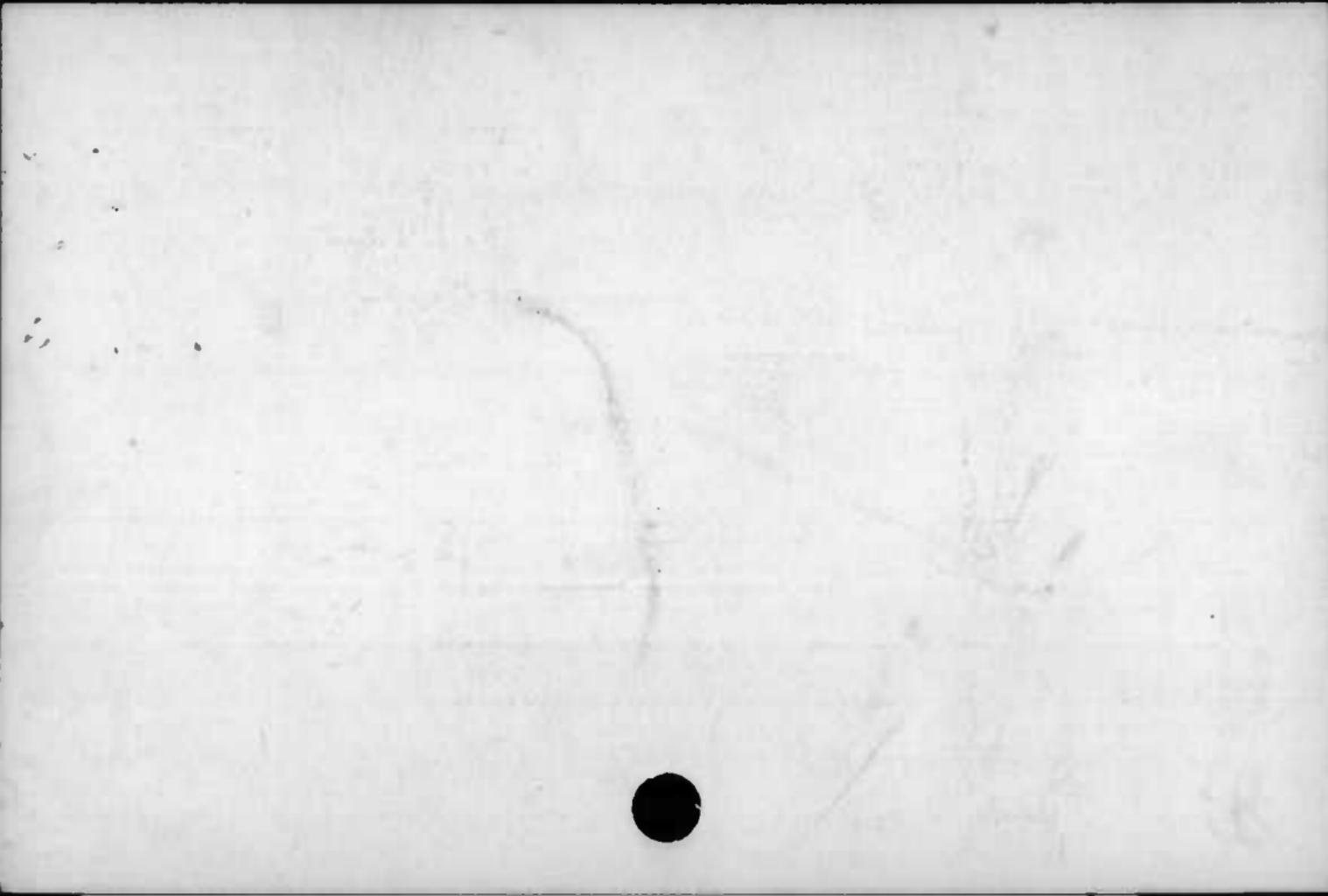
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	where	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sarah. William. Eagle.			
Father's Name	Wm. Eagle	Father's Birthplace	Md.		
Mother's Maiden Name	Ruth Cooley	Mother's Birthplace	Md.		
Name of person giving information	(18)	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stroke, aching, following surgery	How long	Several
Immediate	Exhaustion	How long	2 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	O. M. Lanthier
		Address	Roederveer Md.
Accident or Suicide?		No	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908

Apr.

8

83

3

27

Sex

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Name of Wife or
Husband

H. A. Eales deceased

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

J. Gaudier

- Guitier

J. A. Gaudier

France

France

daughter

CAUSES OF DEATH

Primary

Paralysis

(64)

How long

3 days

Immediate

Heart attack

How long

3 day

Are the name, age, sex, color, date
and place correctly given above?

1908

Signature of
Physician

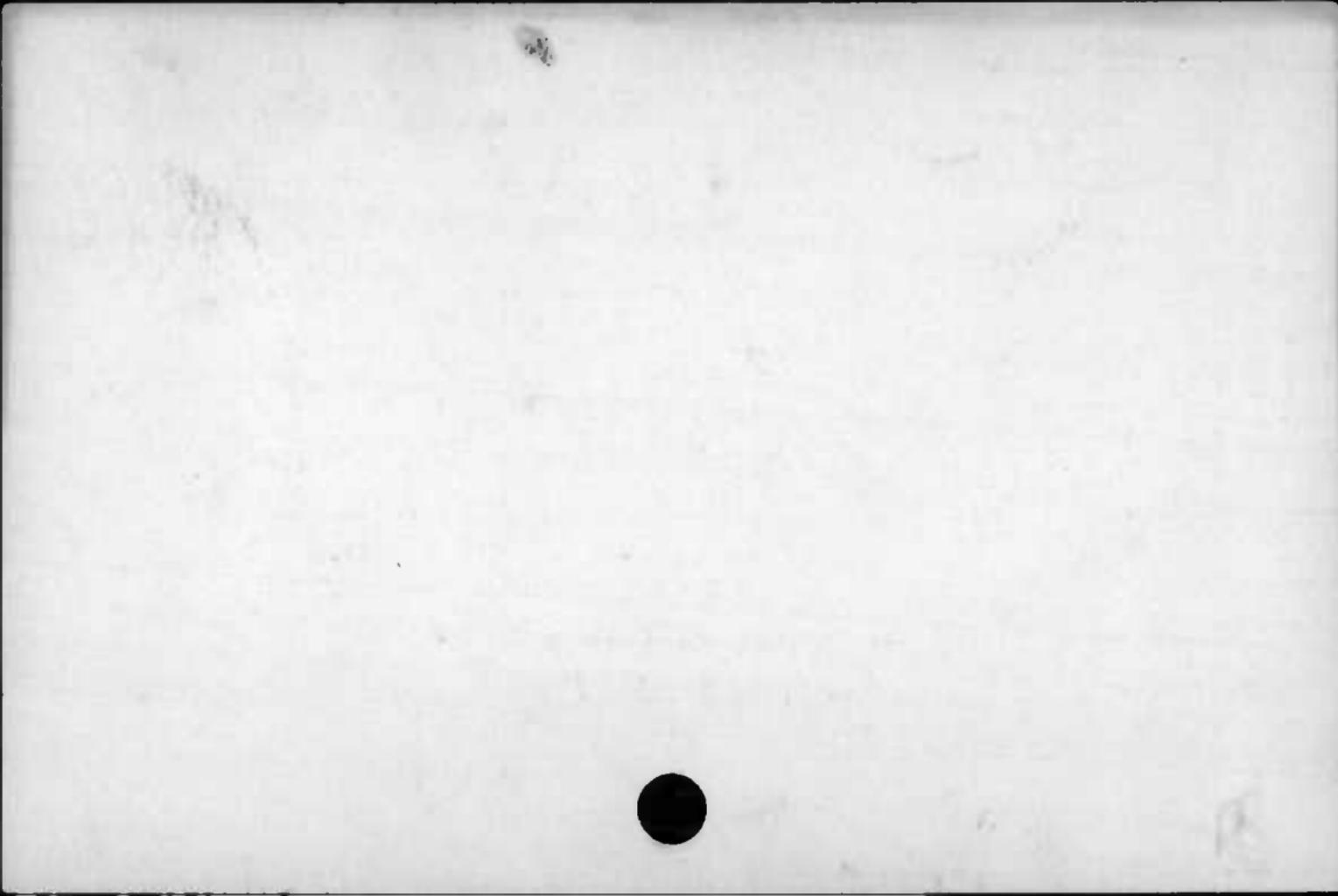
Address

Bethesda

Maryland

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND
Date of death	Month	Day	Years	Months
Sex	Color or Race	Age	—	Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace	Fa
Father's Name	Hattie Ellison			
Mother's Maiden Name	Hattie Brown	Mother's Birthplace	Fa	Fa
Name of person giving information	Papert Ellison	How related to deceased	Father	Father

CAUSES OF DEATH

151

How long

How long

Primary

Premature Birth

One Year

Immediate

Premature Birth

One hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Eugene Jones
Kensington

Accident or Suicide?

J



Name
in
Full

John Gibson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Days
Sex	Male	Color or Race	Black
Occupation	Infant	Where Residing if not at place of death	Wash' Dc.
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	X
Father's Name	Unknown	Mother's Birthplace	Morty Co. Md
Mother's Maiden Name	Bertha Gibson	How related to deceased	noice
Name of person giving Information	Silas Richards		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	La Grippe	(10)	How long	10 days
Immediate	Pneumonia		How long	11 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

N J. Price

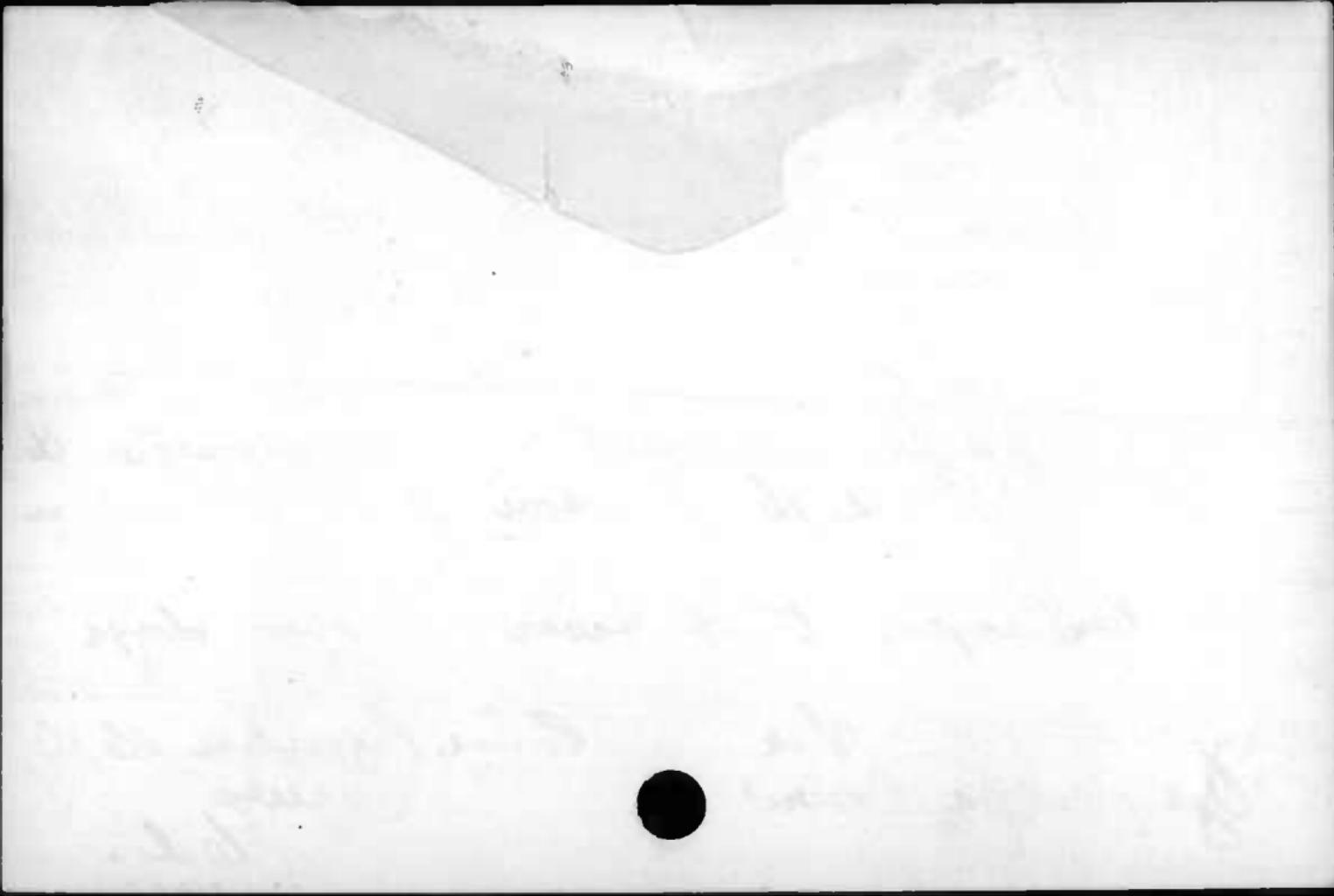
Yes

Address

Palomar

Md.

Accident or Suicide?



Name
in
Full

Rufus Willis Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

7 April

6th

One.

3

-

Sex

Male

Color or
Race

Colored

Birth-
place

Montgomery Co., Md.

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Father's
Name

Henry White

Father's
Birthplace

Montgomery Co., Md.

Mother's
Maiden Name

Blanche Rebecca Hammond

Mother's
Birthplace

Montgomery Co., Md.

Name of person giving
Information

Sarah Elizabeth Hammond

How related
to deceased

Step Grandmother

CAUSES OF DEATH

61

Primary

Meningitis and Enteritis

How long

About one week

Immediate

of Bowels

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Chas. Farquhar,

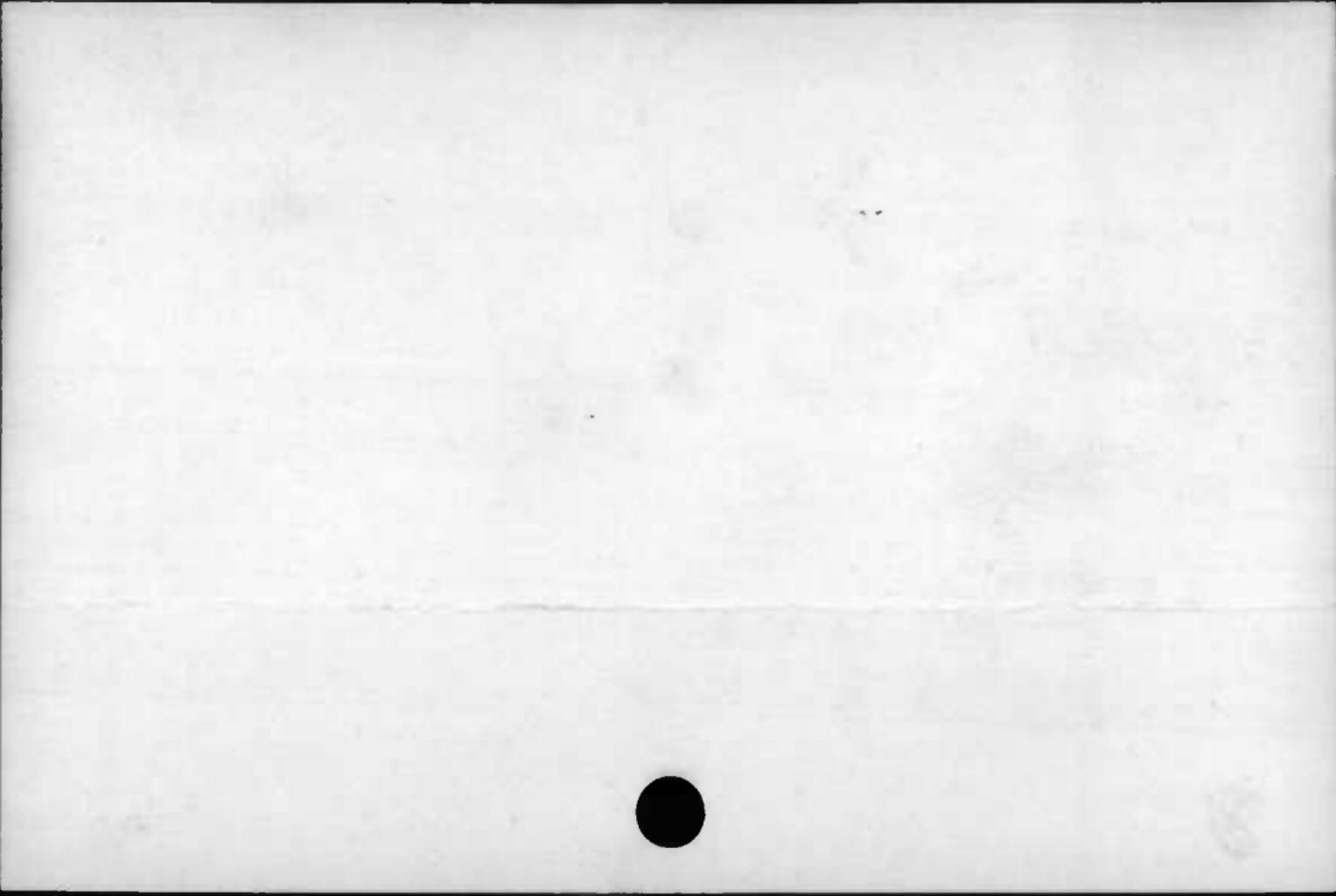
Address

Oley,

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Marshal Prentor Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

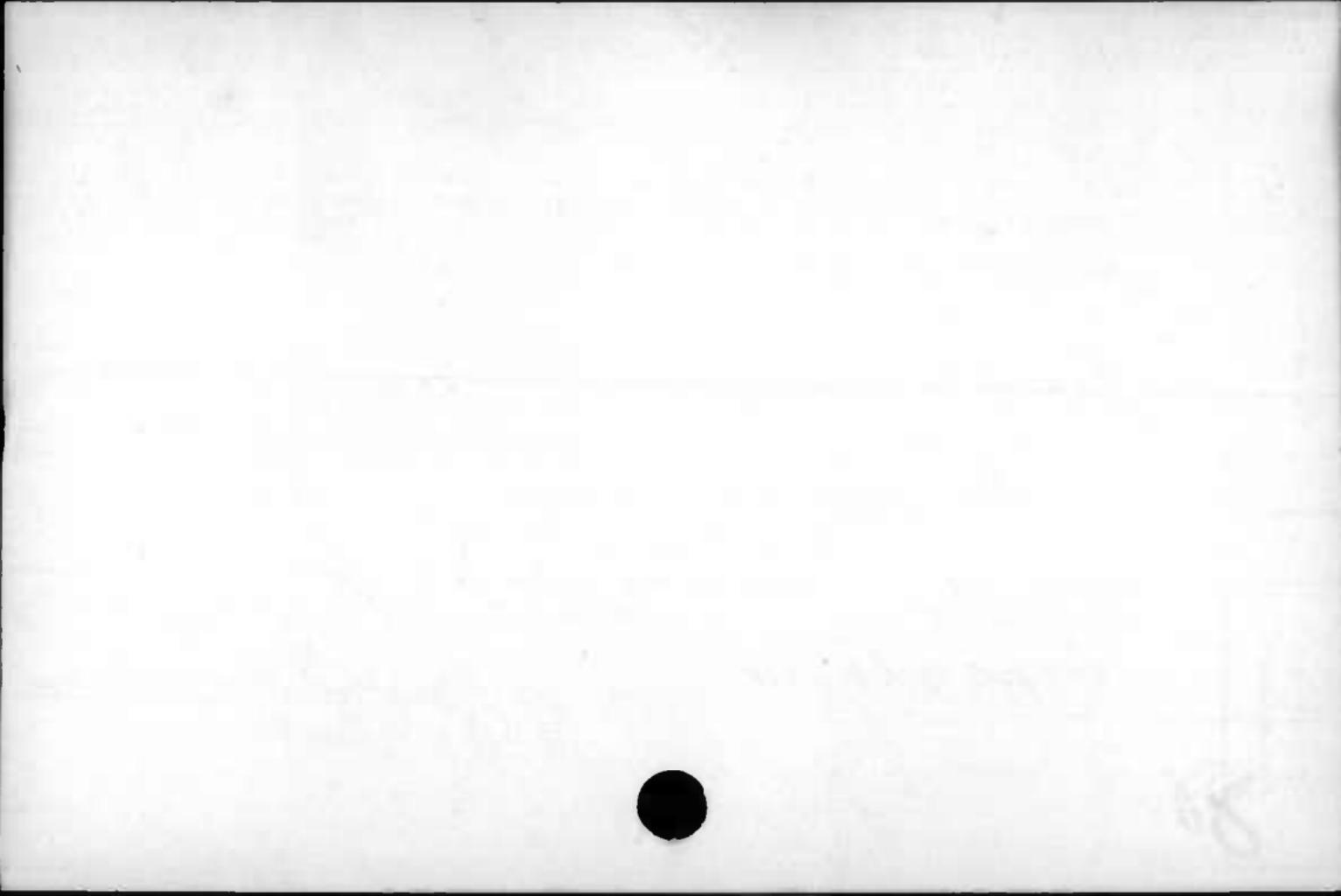
Died at	Town	County	MARYLAND
Died at	near Rockville	Montgomery	
Date of death	Month	Day	Years
1907	4	22	Age 7
Sex	Color or Race	Birth-place	
Male	Colored	Maryland	
Occupation	Where Residing if not at place of death		
None	X		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Mother's Name
Single	X	Hillary Hawkins	Maryland
Father's Name	Maryland		
Mother's Maiden Name	D. C.		
Name of person giving Information	How related to deceased		
Hillary Hawkins	Father		

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	How long	
Pneumonia	Two weeks	
Immediate	How long	
Exhaustion	One day	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes	Edward Anderson, M.D.	Rockville, Md.
Accident or Suicide?		



Name
in
Full

Charlie Hayes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Norbeck

Town

Date of death 1907

Month April

Day 2nd

County Montgomery

MARYLAND

Years 4

Months

Days ~

Sex Male

Color or Race Colored

Burying place

Montgomery Co., Md.

Married, Single or Widowed Single

Occupation

Name of Wife or Husband

Father's Name Robert Hayes

Father's Birthplace Prince George

Mother's Maiden Name Julia Colagott

Mother's Birthplace Montgomery Co., Md.

Name of person giving information Chas. W. Johnson

How related to deceased No relation

CAUSES OF DEATH

114

Primary

Enlargement of Liver

How long

three days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

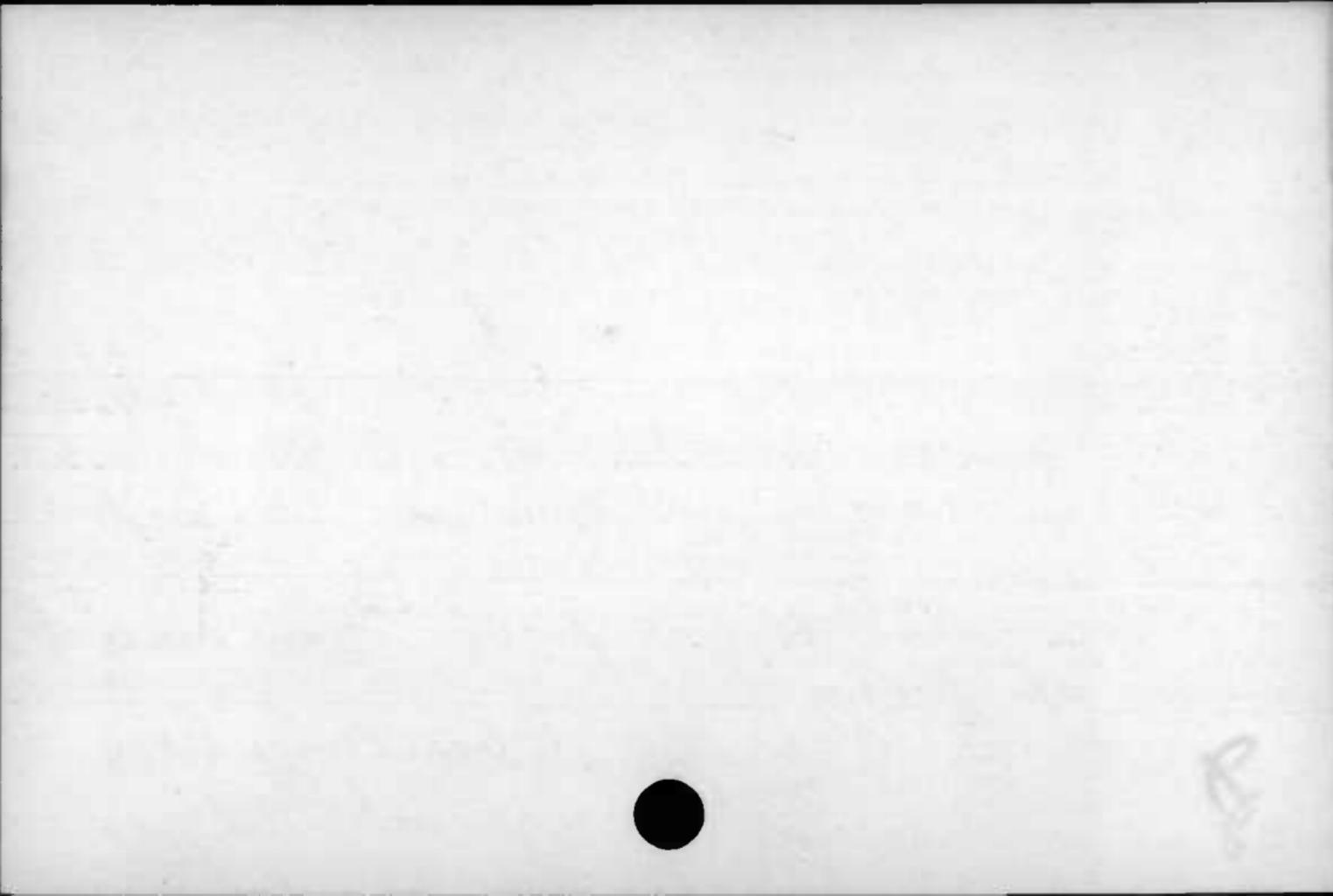
Chas. Ferguson, M.D.

Oley Md.

PHYSICIAN
OR CORONER

as far as known

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Higgins				CERTIFICATE OF DEATH		
Died at	Town	County				MARYLAND
Date of death	Month	Day	Years	Months	Days	
1907	April	19- th	88	-1	-0	
Sex	Color or Race	Age	Birth-place			
Male.	White	88	Maryland			
Occupation	Where Residing if not at place of death					
Farmer	Darnestown					
Married, Single or Widowed	Name of Wife or Husband					
Widowed	—					
Father's Name						Father's Birthplace
—						—
Mother's Maiden Name						Mother's Birthplace
—						—
Name of person giving information						How related to deceased
Geo. Higgins						77 yrs
CAUSES OF DEATH						

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Old Age
Geo.

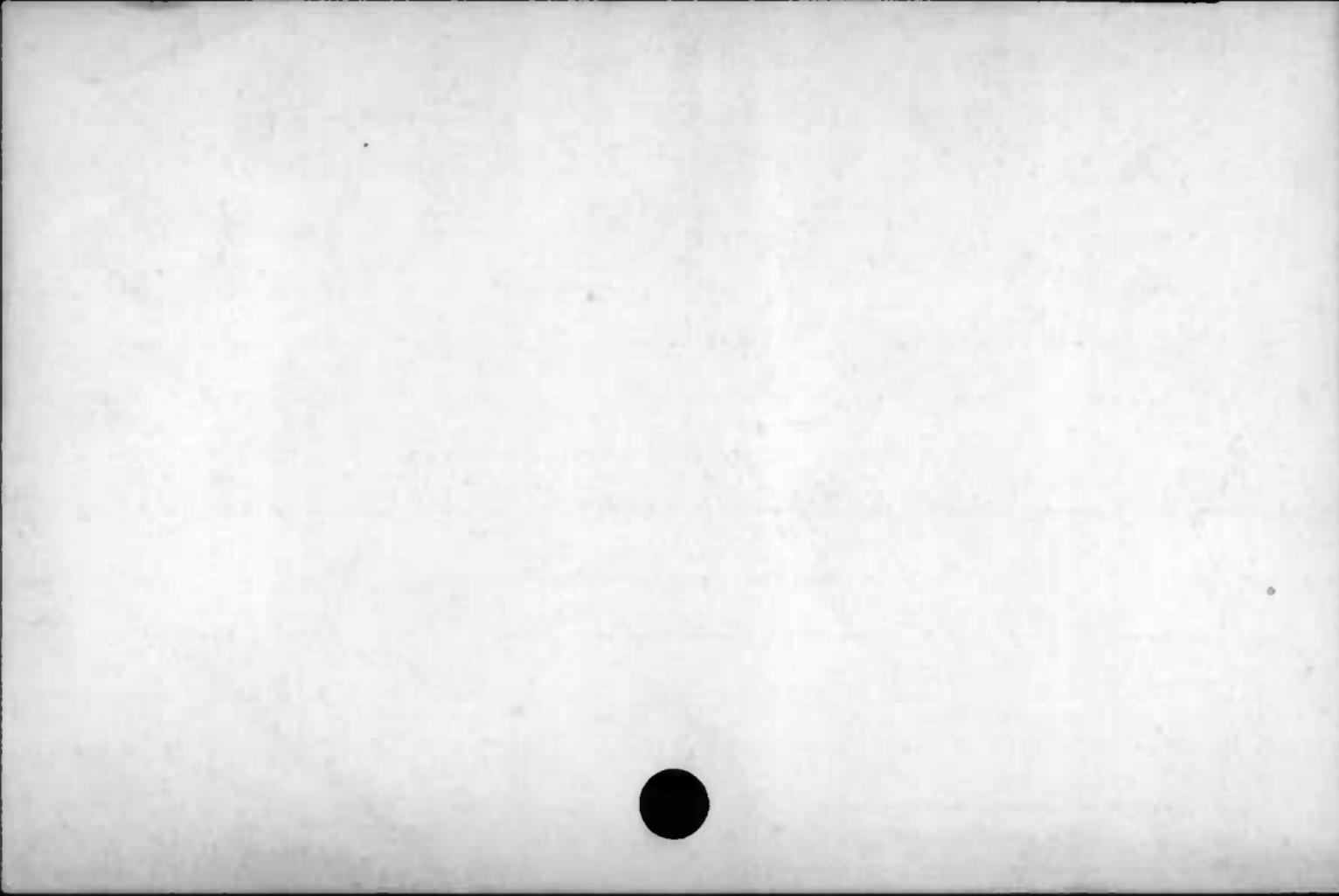
Signature of Physician

Address

H. Etcherson

Gaithersburg
Maryland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

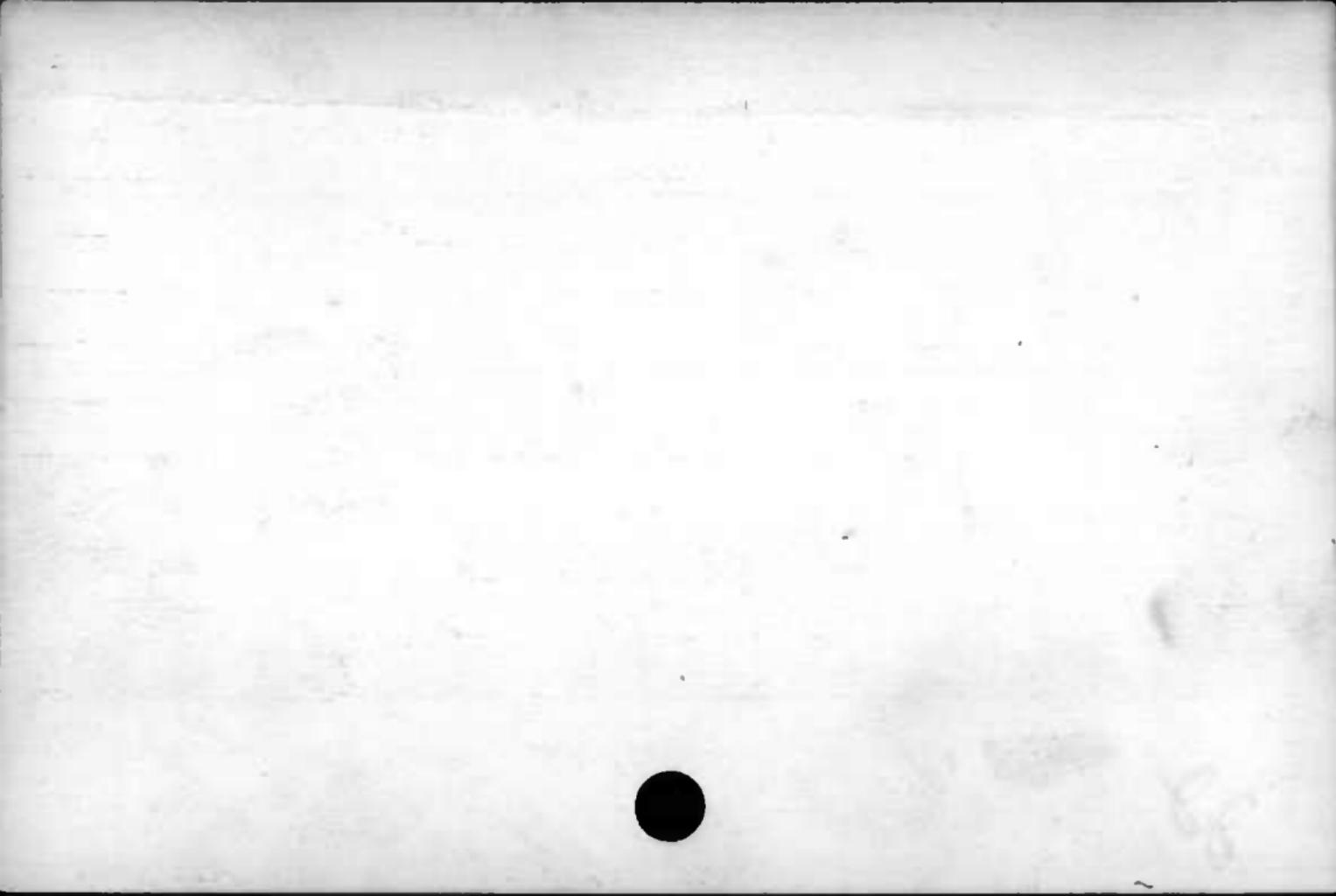
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	April	14	Age 57		
Sex	Female	Color or Race	Black	Birth-place	Somor Ma
Occupation	House girl		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	South Carolina	
Father's Name	Joseph Jackson		Mother's Birthplace	W.N.	
Mother's Maiden Name	Eliza Jackson		How related to deceased	Brother	
Name of person giving information	Lewis Jackson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mashes	(6)	How long	10 days
Immediate	convulsions		How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.Q. Butcher	
yes		Address	Spencerville Md	
8				
Accident or Suicide?				



Name
in
Full

Henrietta Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sugar Land.	Maryland			
Date of death	Month	Day	Years	Months	Days
1907	4	22	53	7	7
Sex	Female	Color or Race	Negro		
Occupation	Housewife				
Where Residing if not at place of death					
Married, Single or Widowed	Widowed				
Father's Name	John Johnson				
Mother's Maiden Name	Unknown				
Name of person giving information	Physician				

CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

24 hours

Immediate

Coma - (Acute congestive stage pneumonia)

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

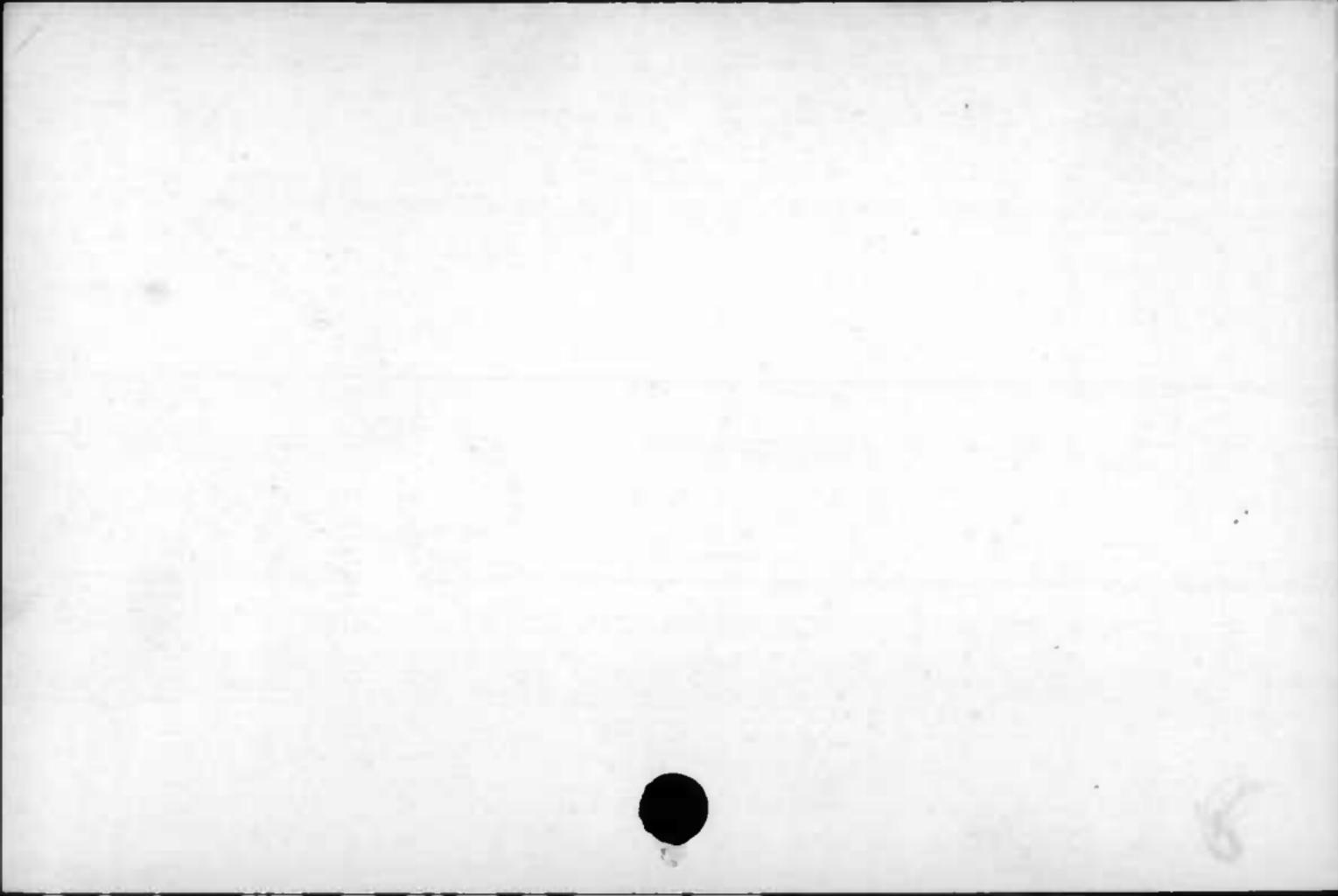
H. D. Harrel M.D.

Address

Gloucester Point

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Michael P. Keiff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Rockville</u>		Town <u>Montgomery</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>26</u>	Years <u>93</u>	Months <u>1</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Ireland</u>	
Occupation <u>School Teacher</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Y</u>				
Father's Name <u>Don't know-</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>William Babbitt</u>	How related to deceased <u>Not at all</u>				

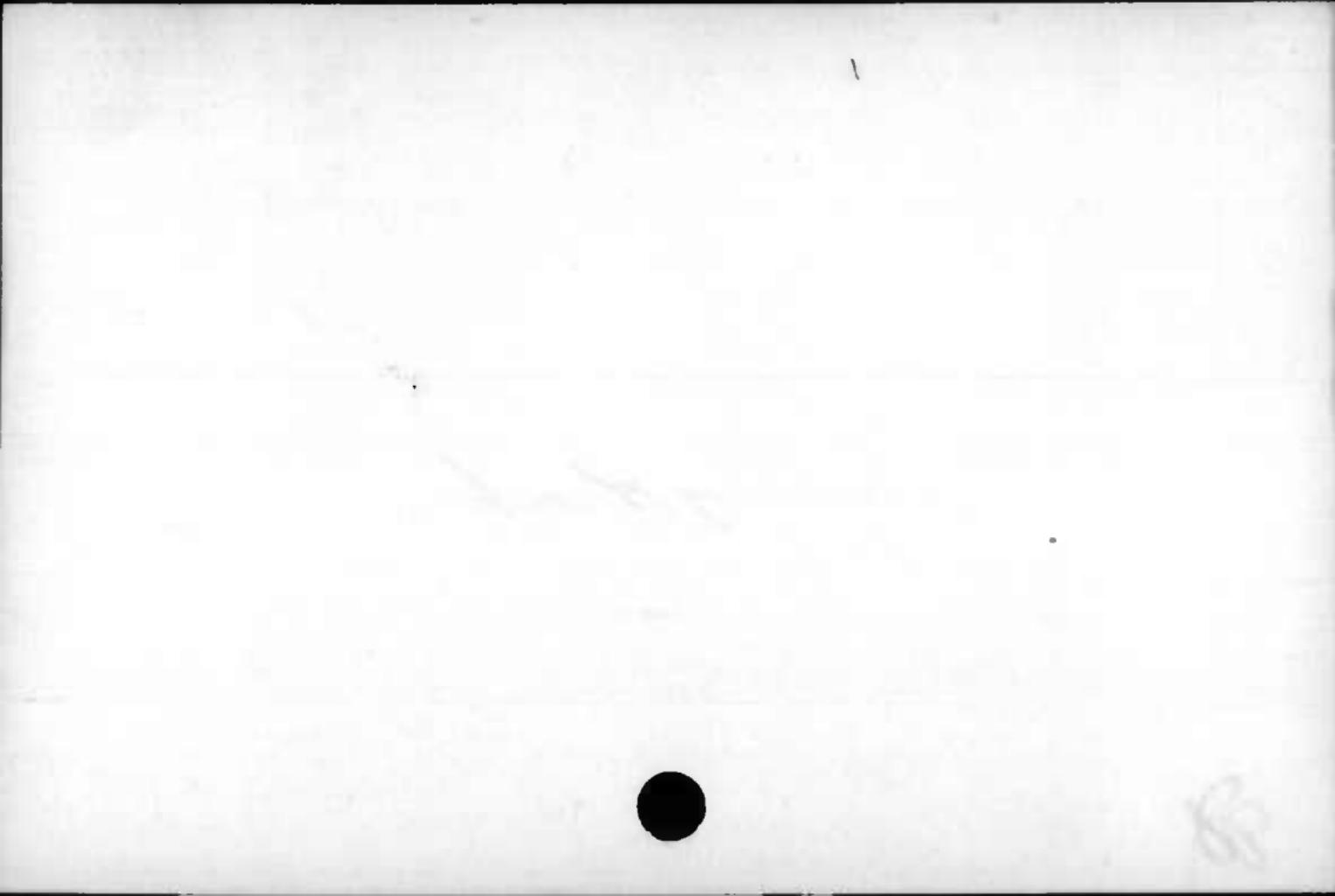
CAUSES OF DEATH

166

How long

PHYSICIAN
OR CORONER

Primary <u>Senile Debility</u>	How long <u>Three days</u>
Immediate <u>Shock of dislocated shoulder</u>	How long <u>Three days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edward Andrew M.D.</u>
	Address <u>Rockville, Md.</u>
8	Accident or Suicide?



Name
in
Full

John Henry Knock

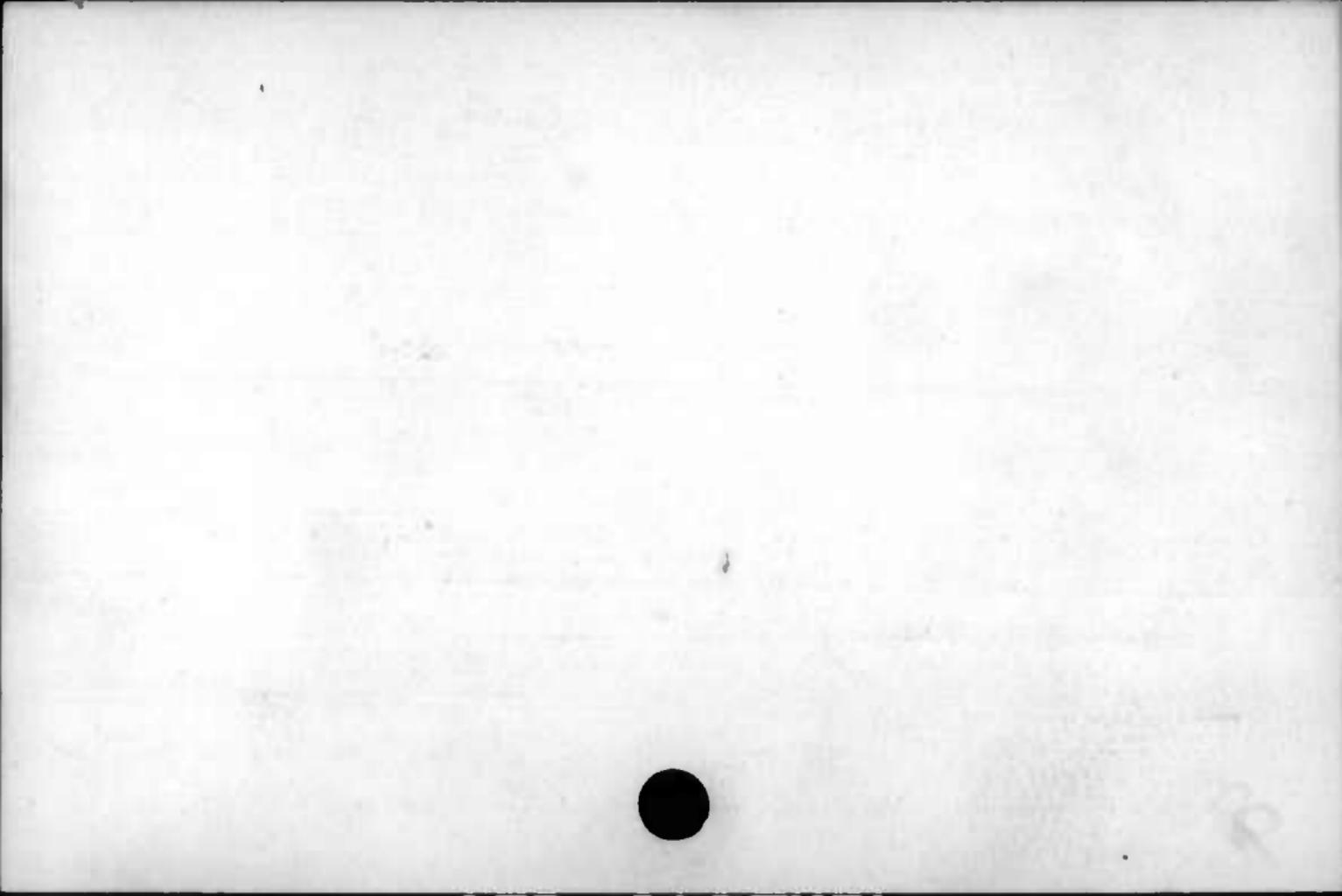
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

9

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
CAUSES OF DEATH					
Primary	79				
Immediate	X				
Are the name, age, sex, color, date and place correctly given above?		How long			
Signature of Physician		6 weeks			
Address		D. M. Linchmer, M.D. Rockville MD			
Accident or Suicide?		+			



Name
in
Full

Geo. Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	male	Color or Race	Age	87
Occupation	Retirer old Soldier		Where Residing if not at place of death	Ph. Co. Md.
Married, Single or Widowed	Name of Wife or Husband	Father's Name	P. G. Co. Md.	
Mother's Maiden Name	Caroline Jones	Mother's Name	".	
Name of person giving Information	Geo. Jackson	How related to deceased	now	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: *mild Insufficiency*
Immediate: *heart failure*

79

How long

4 week

How long

3 days

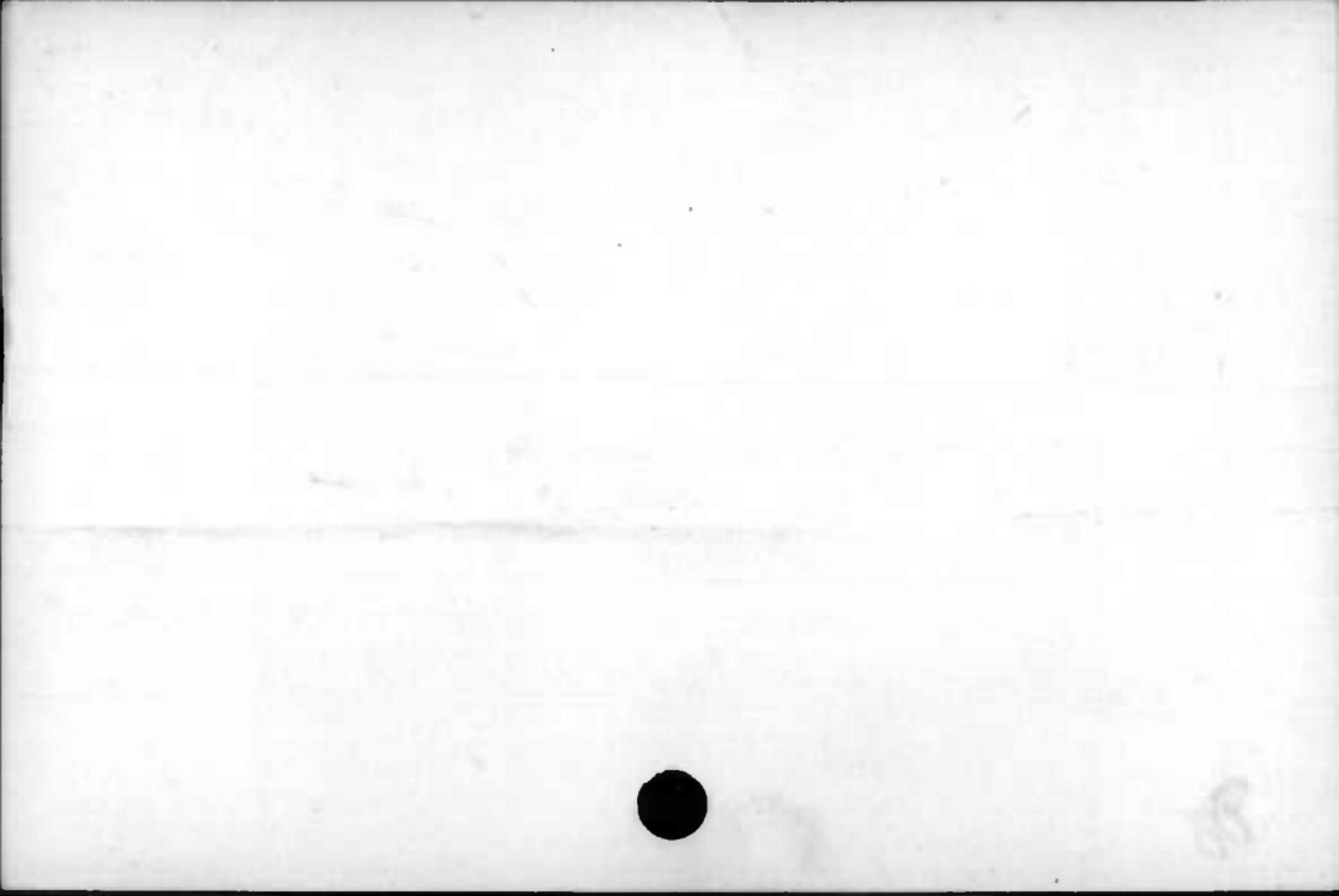
Signature of Physician

Address

J. R. Dawson
Spencerville
Md.

8

Accident or Suicide?

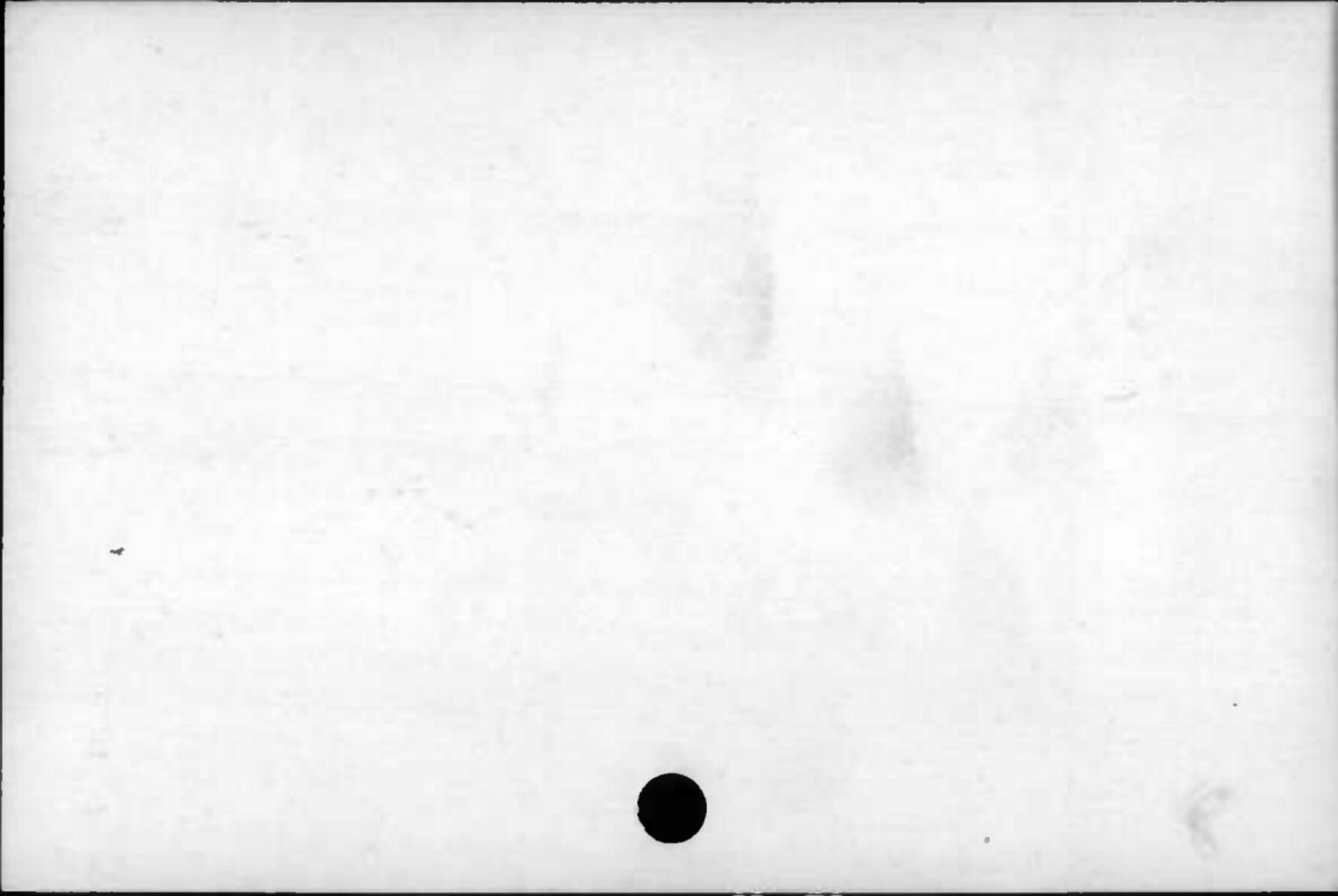


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Tow.	County	MARYLAND	
Died at	Sugarland.	Mary			
Date of death	1907	Month 4	Day 21	Years 1	Months —
Sex	Female	Color or Race	Negro.	Birth- place	Days Sugar Land Md.
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Mary Co.
Father's Name	Kallace Lee			Mother's Birthplace	Mary Co.
Mother's Maiden Name	Walter Lynch.			How related to deceased	—
Name of person giving Information	Physician			92	How long Two weeks
CAUSES OF DEATH					
Primary	Pneumonia (Broncho)			How long	
Immediate	Asphyxia			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	U.D. House M.D.	
			Address	Downsourville Md.	
8	Accident or Suicide?				



Name
in
Full

Florence Gertrude Mercer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Barnesville Sta	Montgomery				
Date of death 1907 April 21	Month	Day	Years	Months	Days
Age Three					
Sex Female	Color or Race	Black	Birth-place	Mt. Rainy Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Gasewell Mercer	Father's Birthplace Mt. Rainy Md				
Mother's Maiden Name Verla Mercer Schum	Mother's Birthplace Moltensburg Maryland				
Name of person giving information Florence Mercer	How related to deceased Father				

CAUSES OF DEATH

93

How long

ten days

How long

Primary

Pneumonia

Immediate

Heart Failure

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yer

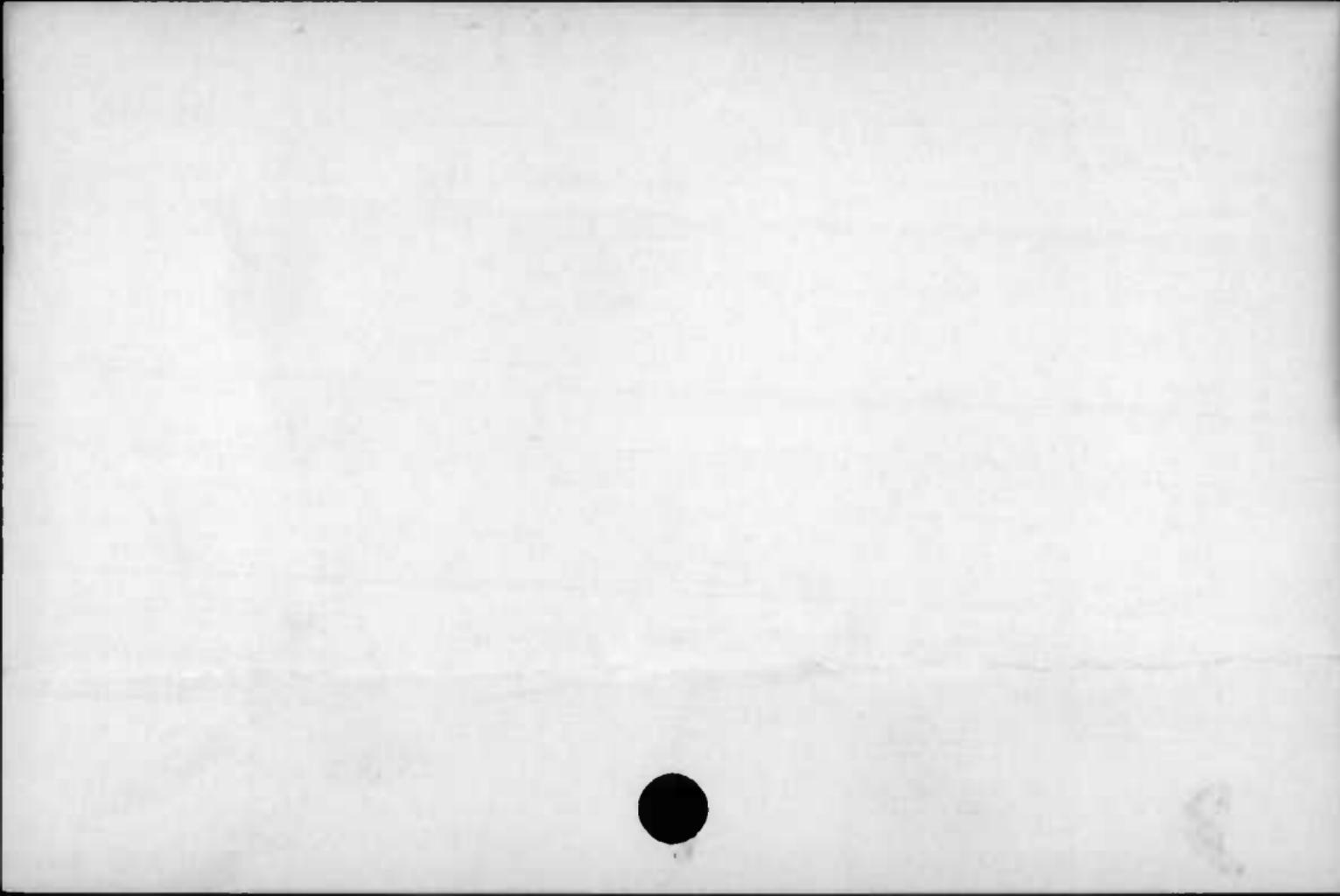
Signature of Physician

Addres

M. M. Stonebruck

Barnesville Md

Accident or Suicide?



Name
in
Full

Boy 8 months old not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Layhill			Town Mullican		County Montgomery		MARYLAND	
Date of death 1907	Month 4	Day 1	Age 8	Years	Months 8	Days 4		
Sex Male	Color or Race white	Occupation Layhill						
Married, Single or Widowed <input checked="" type="checkbox"/>								
Name of Wife or Husband								
Father's Name Arthur Mullican	<input checked="" type="checkbox"/>		Father's Birthplace Layhill					
Mother's Maiden Name Nettie Brown	<input checked="" type="checkbox"/>		Mother's Birthplace Layhill					
Name of person giving Information Arthur William Feltner	<input checked="" type="checkbox"/>		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

acute Gangrene of Lungs

95

How long

12 hours

Immediate

Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Roger Bowker

Sandy Spring

Md

8

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Mullican

CERTIFICATE OF DEATH

Died at <u>near Decrood</u>			County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>6</u>	Age <u>82</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birthplace <u>Maryland</u>			
Occupation <u>Blacksmith</u>	Where Residing if not at place of death <u>X</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rachel Mullican</u>		Father's Name <u>John Mullican</u>	Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Suey L. Oorden</u>			Mother's Name <u>Lucy L. Oorden</u>	Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>George Mullican</u>	How related to deceased <u>Nephew</u>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Nephritis & Galbladder disease

How long

Three years

Immediate

Acute indigestion

How long

One hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edward Anderson M.D.

Address

Berkeley, Md.

Accident or Suicide?



Name
in
Full

John Daniel Offutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Died at		Town	County	MARYLAND		
Date of death	1907	Month April	Day 28	Years 65	Months 7	Days 19
Sex	Male	Color or Race	White, American	Birth-place Near Darnestown		
Occupation	Farmer	Where Residing at place of death		Near Franklin		
Married, Single or Widowed	Yes	Name of Wife or Husband	Sarah C. Offutt			
Father's Name	Jas. Offutt	Father's Birthplace			Franklin	
Mother's Maiden Name	Rosette E. Leander	Mother's Birthplace			Maryland	
Name of person giving information	Midford Offutt	How related to deceased			Half Brother	

CAUSES OF DEATH

Primary ~~Chronic~~ Gastritis & malnutrition
Immediate Grippe & exhaustion -

(10)

How long

year 6.5

How long

10.0 days

Are the name, age, sex, color, date and place correctly given above?

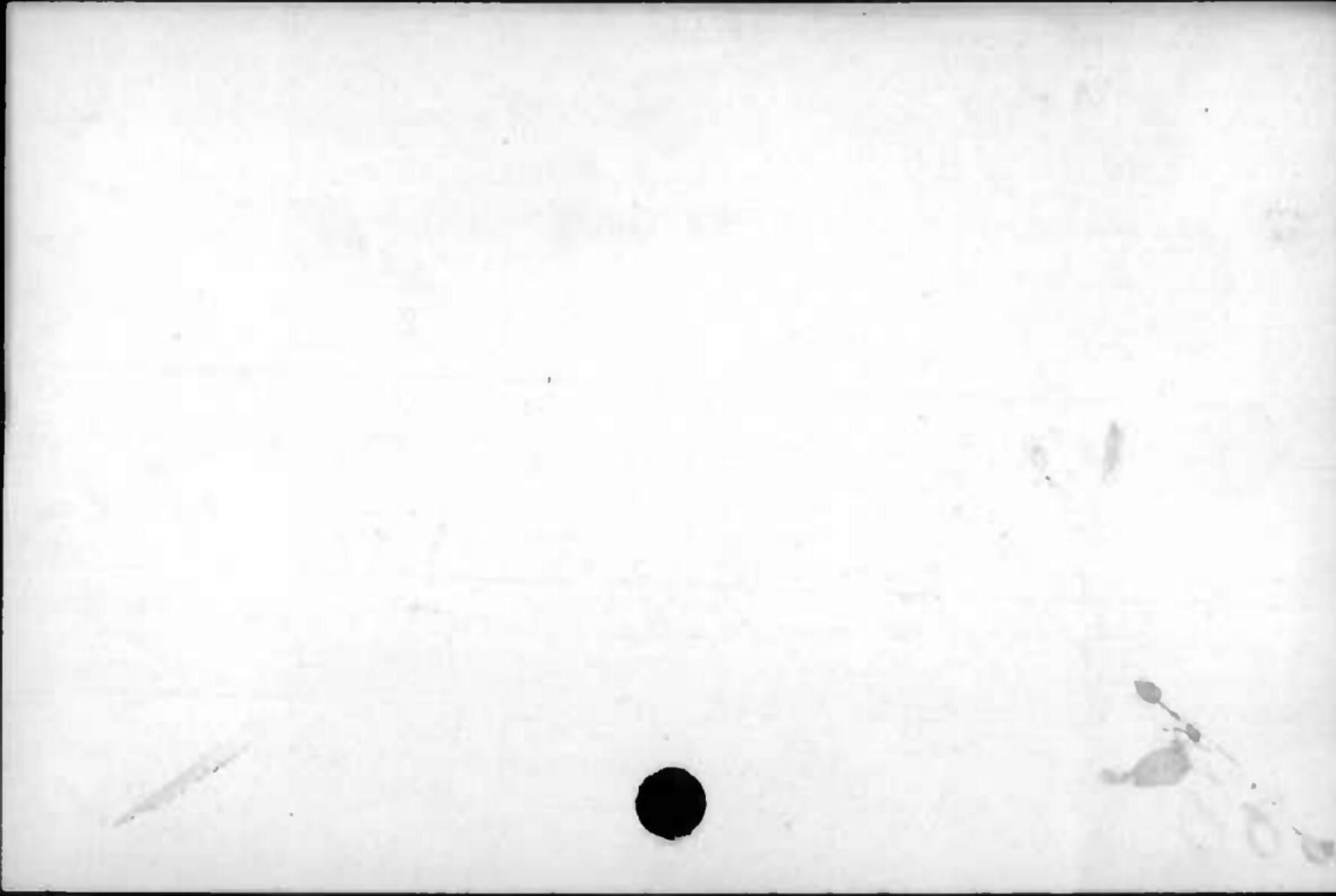
yes

Signature of Physician

Address

Officer M.D.
Darnestown Md.

Accident or Suicide?



Name
in
Full

Henry Plater

CERTIFICATE OF DEATH

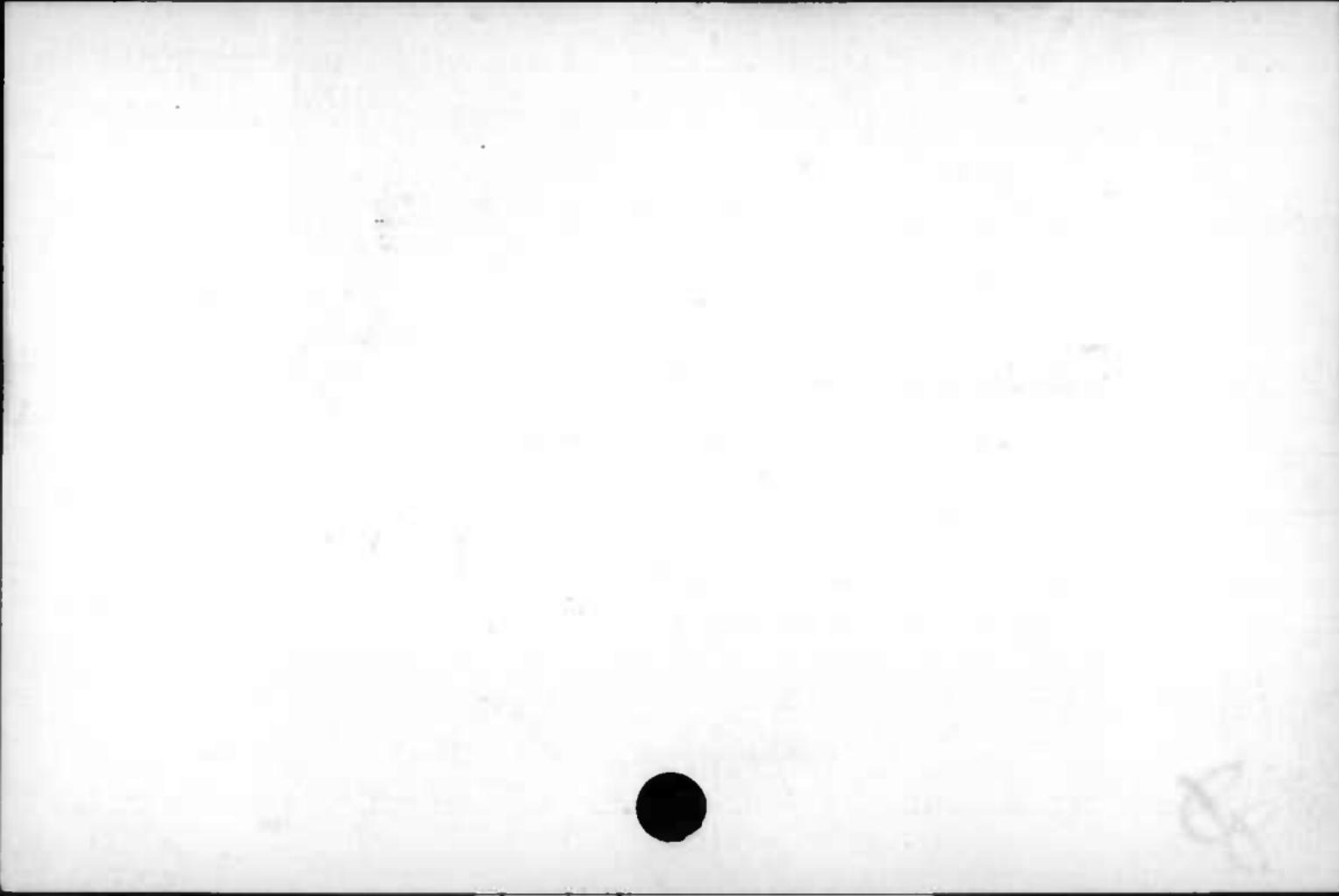
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Poolesville.</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>19</u>	Years <u>52</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth- place <u>Montgomery Co. Md</u>			
Occupation <u>Stone Mason</u>	Where Residing if not at place of death <u>Vivian Beebe</u>				
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>Vivian Beebe</u>	Father's Birthplace <u>Ned.</u>			
Father's Name <u>Henry Plater</u>	Mother's Birthplace <u>Ned.</u>				
Mother's Maiden Name <u>Jane Haelman</u>	How related to deceased <u>not at all</u>				
Name of person giving Information <u>Levin Hale</u>					
CAUSES OF DEATH					
Primary	<u>Valvular heart disease</u>				
Immediate	<u>Sudigoton</u>				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>B. W. Walling</u> Address <u>Poolesville, Md.</u>		

PHYSICIAN
OR CORONER

8

Accident or Suicide?



Name
in
Full

Mary Robinson

CERTIFICATE OF DEATH

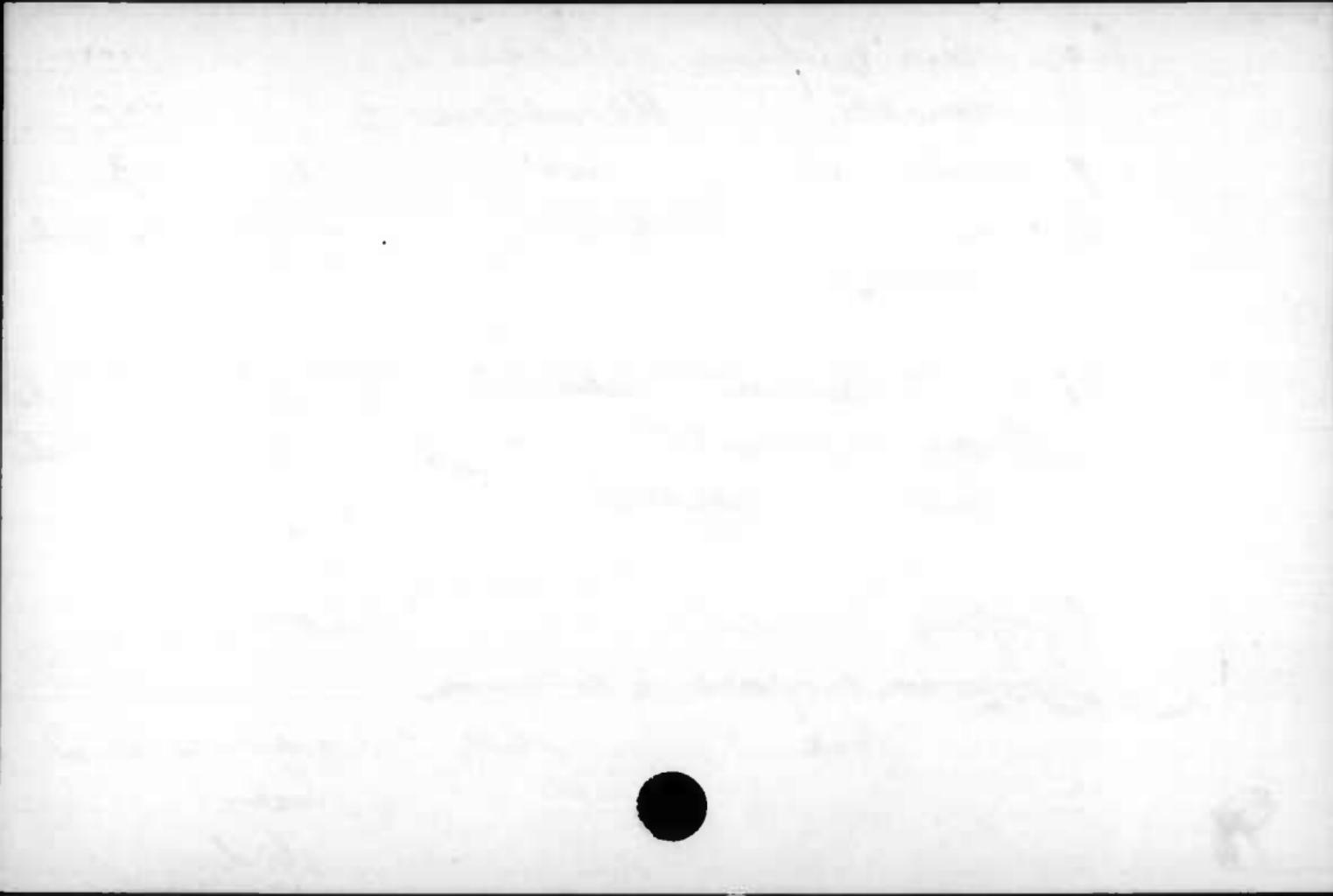
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	65	8	20	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Burton Robinson				
Father's Name	David Dorman					Father's Birthplace
Mother's Maiden Name	Nellie Dorman					Mother's Birthplace
Name of person giving Information	Hattie Busey					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Address	W.L. Lewis Kensington MD	
Accident or Suicide?	No	



Name
in
Full

Augustine Stephen Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brookville Town Maryland County
Date of death 1907 Month April Day 16 Years Two Months 2 Days 3

Sex Male Color or Race Colored Birth-place Montgomery Co., Md.

Married, Single or Widowed Single Occupation _____

Name of Wife or Husband _____

Father's Name George Washington Russell

Father's Birthplace Maryland

Mother's Maiden Name Mary Harriet

Mother's Birthplace Maryland

Name of person giving information Geo. W. Russell

How related to deceased Father

CAUSES OF DEATH

Primary

Whooping cough

(8)

Immediate

Pneumonia supposed as no Physician

How long About one year

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

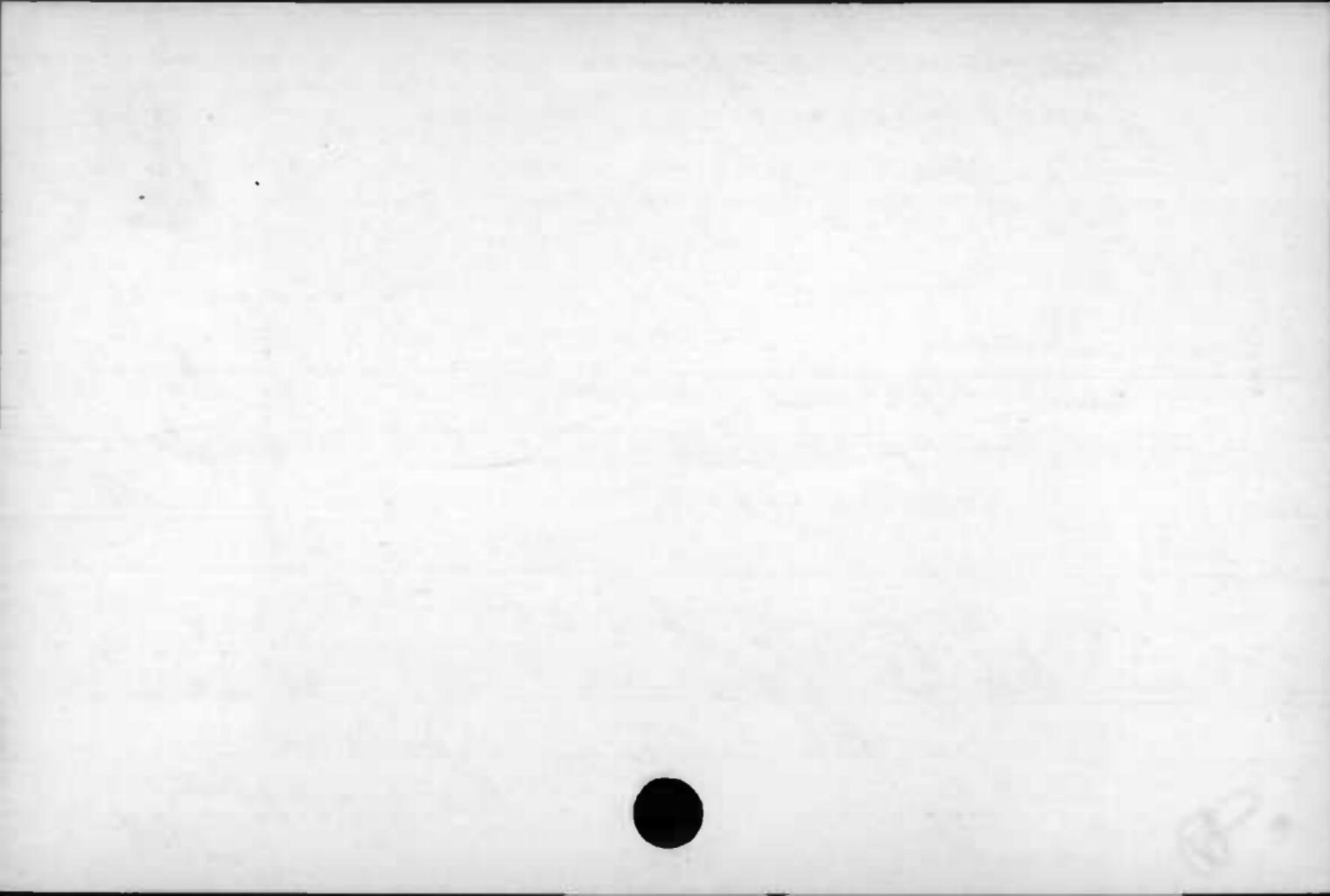
Chas. Farquhar, M.D.

Address

Olivey,
Md.

P H Y S I C I A N
O R C O R O N E R

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month April	Day 2	Years 71	Months 11	Days 7
Sex	Male	Color or Race	white	Birth- place	England	
Occupation	Builder			Where Residing if not at place of death	Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Harriett H. Simpson			
Father's Name	Thomas Simpson			Father's Birthplace	England	
Mother's Maiden Name	Mary Simpson			Mother's Birthplace	England	
Name of person giving Information	Emma Firth			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Fatty Degen. of Heart*
Immediate *In Grippe*

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. L. Lewis
Washington
Md

Accident or Suicide?

No

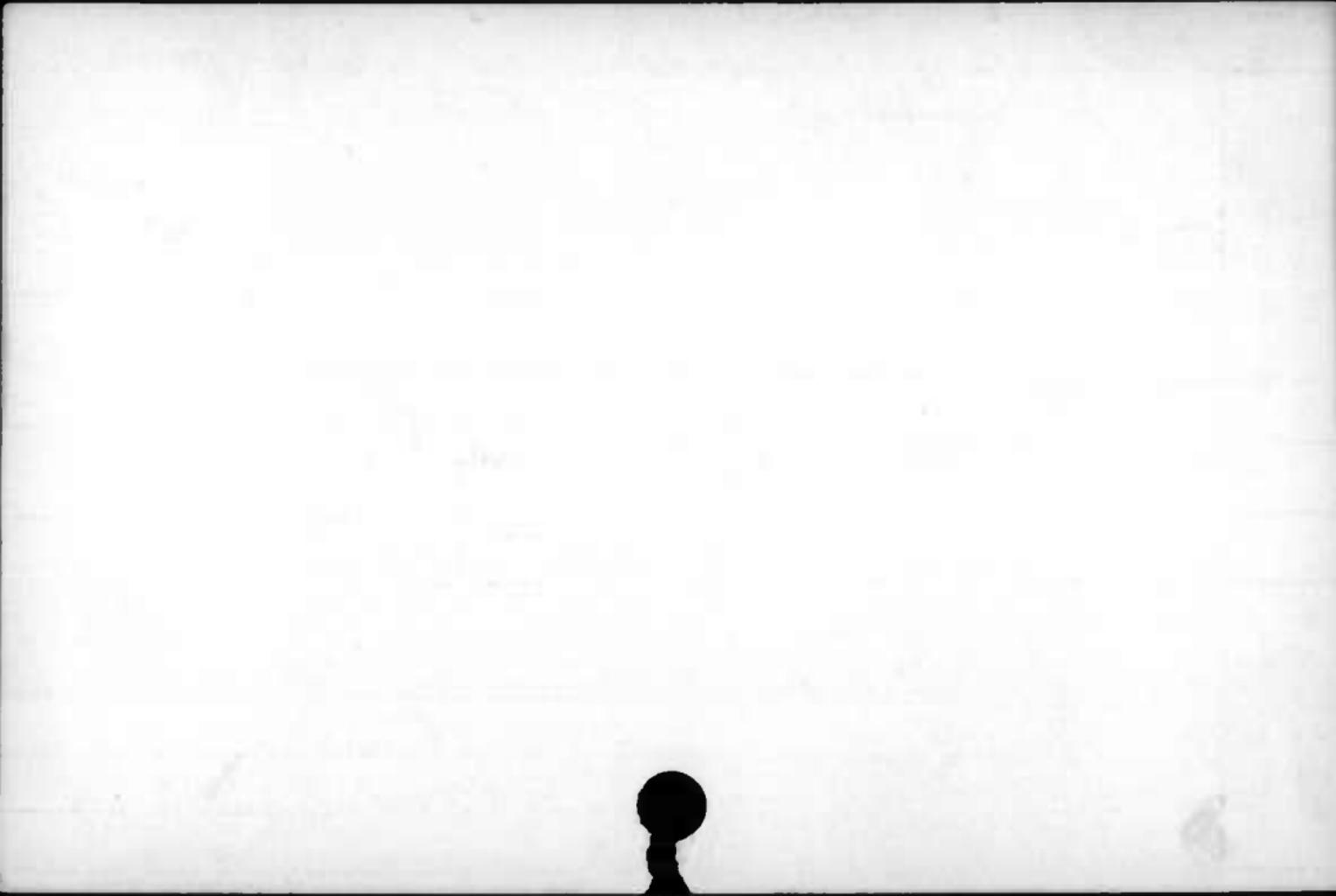
(10)

How long

1 mo

How long

5 days



Name
in
Full

Danson Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Seawood	Monsey					
Date of death 1907	Month 4	Day 26	Age	Year *	Months 5	Days
Sex Female	Color or Race white		Birth-place Md			
Occupation X	Where Residing If not at place of death X					
Married, Single or Widowed X	Name of Wife or Husband X					
Father's Name Clos Taylor	Father's Birthplace Va					
Mother's Maiden Name May Tagard	Mother's Birthplace Md					
Name of person giving information Chas Taylor	How related to deceased Frach					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dancian	How long 151 days up.
Immediate Ex haemorrhage	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. L. S. Thompson
	Address Rochester N.Y.
Accident or Suicide?	

